

B05000000 145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Perigee Securities L.P
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B05000000145

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Angela Myeress

Contact Person

Perigee Group

Firm/Company

1605 Main St. Suite 709

Address

Sarasota, FL 34236

City, State and Zip Code

amyeress@perigeeegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Myeress

Name of Contact Person

at (941)

Area Code and Daytime Telephone Number

955-0949

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Perigee Securities L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. March 23, 2005 3. B05000000145
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Angela Myeress
Name
1605 Main St. Suite 709
Florida street address (P.O. Box not acceptable)
Sarasota FL 34236
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Perigee Group LLC by George L. Strobel, II
Signature of General Partner By Perigee Group, LLC George L. Strobel, II

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Angela Myeress
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA