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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone

: (800)345-4647

Fax Number

: (800) 432-3622

٠ څڅ \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

'Email Address:

<u>₹</u>

## REGISTERED AGENT CHANGE ECHO FORT PIERCE ASSOCIATES, L.P.

Certificate of Status	0
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(((H19000220960 3)))

## 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. ECHO FOR	T PIERCE ASSOCIATES, L.P. mo of Limited Partnership or Limited Liability Limited Partnership	_		
2. 12/27/2006  Date of filling/registration in Florida  Short a document number of Florida number of F		_		
	gistered agent and the registered office address as shown on the records of the Flori	da		
	CORPORATION SERVICE COMPANY			
	Name	- n		
	1201 HAYS STREET		19	
	Address	الأنه م	19 JUL	
	TALLAHASSEE, FL 32301-2525			~7
	City, State and Zip	4	23	٠
5. The name and Flo	rids street address of the new registered agent and/or office:			
	Capitol Corporate Services, Inc.	PH F:		
	Name		<del>-</del>	<b>4</b> 1
	515 East Park Avenue 2nd Fl	- Jan 6	<u>.</u>	
	Florida street address (P.O. Box not acceptable)	,	_	
	Tellahassee FL 32301			
	City, State and Zip			
By: Signature of Octobril Nicholas Meriw I hereby accept the a couply with the prov	Pare effective when filed by the Florida Department of State.  The Fund II Methogling Partner  Pariset  ether, Authorized Representative  ppointment as registered agent and agree to act in this capacity. I further agree to  islans of all statues relative to the proper and complete performance of my duties,  than accept the obligations of my position as registered agent.			
10/1/20	Delanie Caso, Asst. Secretary on behalf			
Signature of Registor				
Piling Fee: Certified Copy (	\$35.00 (optional): \$52.50			

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