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Division of Corporations

B0700000135

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

**REGISTERED AGENT CHANGE
THE GRAND THEATRE OPERATING COMPANY, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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T. LEMIEUX
MAR 16 2022

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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. The Grand Theatre Operating Company, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
- 2. 04/25/2007
Date of filing/registration in Florida
- 3. B07000000135
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.

LEGALINC CORPORATE SERVICES INC.
Name
5237 Summerlin Commons Blvd., Ste 400
Florida street address (P.O. Box not acceptable)
Fort Myers FL 33907
City, State and Zip

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

Ronald P. Krueger II
Signature of General Partner GTOC GENERAL PARTNER, L.L.C.

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 and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

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

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