

B07 00000000239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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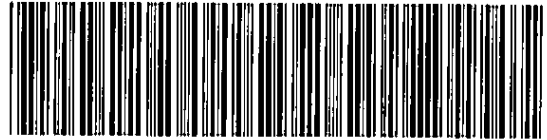
(Business Entity Name)

(Document Number)

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C. GOLDEN

AUG 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Handelsgesellschaft Scharfe MBH&Co. Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B07000000239

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:

JILL STRUMPF

Contact Person

c/o BRUCE STRUMPF, INC.

Firm/Company

2120 DREW STREET

Address

CLEARWATER, FL 33765

City, State and Zip Code

jillstrumpf@brucestrumpf.com

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

For further information concerning this matter, please call:

JILL STRUMPF

Name of Contact Person

at (727)

449-2020

Area Code and Daytime Telephone Number

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. Handelsgesellschaft Scharfe MBH & Co. Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/30/2007 3. B07000000239
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:

Cioffi, James A
Name
250 Tequesta Drive, #200
Address
Tequesta, FL 33469
City, State and Zip

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

Jill Strumpf c/o Bruce Strumpf, Inc.
Name
2120 Drew Street
Florida street address (P.O. Box not acceptable)
Clearwater FL 33765
City, State and Zip

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

Manas Scharfe Aug 2nd 2019.
Signature of General Partner

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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