BG 000000013

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
J. HORNE				
MAY 2 9 2024				

Office Use Only



000428651540

04/40/24:-01031--002 **35.00



COVER LETTER

TO:	Registration Section Division of Corporations	
SURI	ECT: Change of Registered Agent	
3000	Name of Limited Par	mership or Limited Liability Limited Partnership
DOC	UMENT NUMBER: B09000000	
	nclosed Statement of Change of are submitted for filing.	f Registered Office and/or Registered Agent and
Please	e return all correspondence con	cerning this matter to:
Ronalc	i Rader	
	Contact Person	
Rader	Partners Limited Partnership	
	Firm/Company	
7159 S	Summer Tree Dr	
	Address	
Boynto	on Beach, FL 33437	
	City, State and Zip C	ode
ronrad	er(@aol.com	
F.	-mail address: (to be used for future a	innual report notification)
For fu	arther information concerning th	nis matter, please call:
Ronale	l Rader	at () 319-1145
	Name of Contact Person	Area Code and Daytime Telephone Number
Enclo	sed is a \$35.00 check made pay	able to the Florida Department of State.
	ng Address:	Street Address:
_	tration Section	Registration Section
	ion of Corporations	Division of Corporations
	3ox 6327	The Centre of Tallahassee
Lallah	nassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

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

partnership or limit	ed liability limited partner	5. Florida Statutes, the undersignership submits the following statement, or both, in the state of Florida.	ient in order to		
, Rader Partn	ers Limited Partne	rship	1024 NP2, 30		
N:	ame of Limited Partnership o	r Limited Liability Limited Partnersh	iip j		
2.06/10/2009		3. B090000007	73 宝		
Date of filing/registration in Florida		Florida docum	ent number ين ب		
4. The name of the re Department of State:	egistered agent and the regist	tered office address as shown on the r	ecords of the Florida		
	Morris Law Grou	ıp			
	Name				
	7284 Palmetto Park Road Suite 101				
		Address			
	Boca Raton, FL	33433			
	City.	State and Zip			
5. The name and Flo	rida street address of the new	v registered agent and/or office:			
	Ronald Rader				
		Name			
	7159 Summer Tro	ee Dr			
Florida street address (P.O. Box not acceptable)					
	Boynton Beach	_{FI} 33437			
	City.	State and Zip			
6. Such change(s) is/	are effective when filed by th	he Florida Department of State.			
X Romala Ro Signature of General					
I hereby accept the ap	ppointment as registered age	nt and agree to act in this capacity.	I further agree to		

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.

Signature of Registered Agent

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