

B1/000000172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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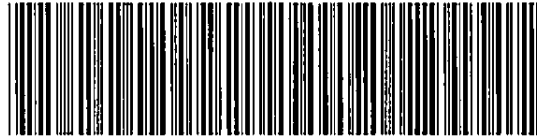
(Business Entity Name)

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R. HUNT

04/08/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLB HAYES INVESTMENTS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B11000000172

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:

Bobby L. Hayes

Contact Person

BLB HAYES INVESTMENTS, LP

Firm/Company

774 MAYS BOULEVARD, #10 PMB 176

Address

INCLINE VILLAGE, NV 89451

City, State and Zip Code

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

For further information concerning this matter, please call:

BOBBY L. HAYES

at ()

Name of Contact Person

Area Code and Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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**

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. BLB HAYES INVESTMENTS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. SEPTEMBER 13, 2011

Date of filing/registration in Florida

3. B11000000172

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:

CHARLES L. HOFFMAN, JR., SHELL, FLEMING DAVIS & MENGE, P.A

Name

226 PALAFOX PLACE, 9TH FLOOR, SEVILLE TOWER

Address

PENSACOLA, FL 32502

City, State and Zip

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

CHARLES L. HOFFMAN, JR., CARVER DARDEN

Name

151 W. MAIN STREET, SUITE 200

Florida street address (P.O. Box not acceptable)

PENSACOLA FL 32502

City, State and Zip

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


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 of Registered Agent

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

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