B11000000194

(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 DEWIG				
EEB - 1, 1954				
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SECRETARY OF STATE SECRETARY OF STATE

Clifford J. Dovitz, PLLC Daniel L. Weberman

Dovitez Law Offices Attorneys at Law

dovitzlaw.com

January 4, 2024

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

Re:

Windsong Mobile Village Limited Partnership - Entity

Our file # 134-18

Dear Registration Section:

Enclosed are:

- 1. Cover Letter (original and one (1) copy);
- 2. Limited Partnership or Limited Liability Limited Partnership Statement of Change of Registered Office or, Registered Agent, or Both (original and one (1) copy); and
- 3. Our check in the amount of \$35.00 for the filing fee.

Please process the enclosed and return a time-stamped copy to me.

Please contact me if you have any questions or comments.

Thank you.

Sincerely,

Clifford J. Dovitz

cliff.dovitz@dovitzlaw.com

CID/mn

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Windsong Mobile Village Limite	ed Partnership	
Name of Limited Partner	ship or Limited Liability Limited Partnership	
DOCUMENT NUMBER: B11000000194	<u> </u>	
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Office and/or Registered Agent and	
Please return all correspondence concern	ning this matter to:	
Clifford J. Dovitz		
Contact Person		
Dovitz Law Offices		
Firm/Company		
326 East Fourth Street, Suite 200		
Address		
Royal Oak, MI 48067		
City, State and Zip Code		
cliff.dovitz@dovitzlaw.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this i	matter, please call:	
Clifford J. Dovitz	at (248-758-214) Area Code and Daytime Telephone Number	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payabl	e to the Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, 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

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. Windsong	Mobile Village Limited	Partnership	
	Name of Limited Partnership or Limit	ted Liability Limited Partnership	
_{2.} 10/17/201	1	3. B11000000194	
Date of filing/registration in Florida		Florida document number	
4. The name of the Department of Stat	e registered agent and the registered of		
	Eric Ludin, Esq.		
	Name 13577 Feather Sound		25
	Addres Clearwater, FL 33762		FILED AN 8: 03 2024 JAN 10 AN 8: 03 SECRETARY OF STATE SECRETARY OF STATE
	City, State ar	nd Zip	
5. The name and F	orida street address of the new registe	red agent and/or office:	
	Leopold Korn, P.A.		
	Name		27.0
	20801 Biscayne Boule	vard, Suite 501	情報 ひ
	Florida street address (P.O.	Box not acceptable)	
	Aventura	_{FL} 33180	
	City, State an	d Zip	
1001	thre effective when filed by the Florid	a Department of State.	
Signature of General	Partner		
	appointment as registered agent and a sions of all statutes relative to the pro the gn afcept the obligations of my pos red Agent		agree to ty dutics,
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50