## B1300000017

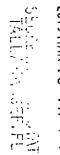
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(D							
(Business Entity Name)							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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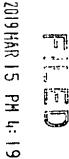
Office Use Only



200324634222

Branch Branch







R. WHITE

[...2023

## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJECT: ACOPIAN LAND, LP									
Name of Limited Partnership or Limited Liability Limited Partnership									
DOC	UMENT NUMBER: B 13 OC	0000017 <sup>3</sup>							
	nclosed Statement of Change of Regare submitted for filing.	gistered Office and/or Registered Agent and							
Please	e return all correspondence concernir	ng this matter to:							
	Kris Fendrock								
Contact Person									
Myers Brier & Kelly LLP									
	Firm/Company								
	425 Spruce St, Ste 200	0 🕞							
	Address								
	Scranton, PA 18503								
	City, State and Zip Code								
	ga@acopian.con								
E	-mail address: (to be used for future annual	report notification)							
For fu	arther information concerning this ma	natter, please call:							
	GREGORY ACOPIAN	at ( 312 ) 727-1172							
	Name of Contact Person	Area Code and Daytime Telephone Number							
Enclo	sed is a \$35.00 check made payable	to the Florida Department of State.							
	EET ADDRESS:	MAILING ADDRESS:							
_	tration Section	Registration Section							
	ion of Corporations	Division of Corporations P. O. Box 6327							
	n Building Executive Center Circle	Tallahassee, FL 32314							
	nassee, FL 32301	Tarianacce (15 555)							

INHS04 (01/06)

## 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	ACOPIAN L	-AND L	P	<u> </u>		
Name	of Limited Partnership or Li	mited Liability I	imited Partnersl	nip		
2. 1/16/2013		3. B130000001 7  Florida document number				
Date of filing/reg	gistration in Florida		Florida docum	ent number		
4. The name of the regist Department of State:	tered agent and the registered	d office address a	as shown on the	records of the Flor	ida	
	W. Bradley	Munroe, Esq	<b>₹</b>			
<del></del>	Na	ıme				
239 E. Virginia Street						
	Ado	dress				
		e, FL 32301				
	City, Stat	te and Zip				
5. The name and Florida	street address of the new reg	gistered agent an	d/or office:			
	Gregory	Acopian		2019 HAR		
Name						
		15% · 192				
	Melbourne	FI	32904	P₩ 4:	( T	
_	City, Sta	te and Zip		<del></del>	C 100	
6. Such change(s) is/are	effective when filed by the F	lorida Departme	ent of State.	m 9		
the Anni 1	Propion Manageme	model C				
Signature of General Part	iner	,				
comply with the provision	intment as registered agent a ns of all statutes relative to to a accept the obligations of m	he proper and co	omplete performa	I further agree to ince of my duties.		
Signature of Registered	\gent					
Filing Fee	\$35.00					

Certified Copy (optional): \$52.50