

B13000000198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

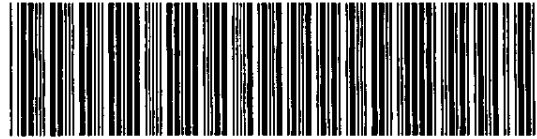
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
SEP 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BlueShore Equity Fund, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B13000000198

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:

Stephanie Hirsch

Contact Person

Satz Law Group LLC

Firm/Company

230 Passaic Avenue, 1st Floor

Address

Fairfield, NJ 07004

City, State and Zip Code

shirsch@satzlawgroup.com

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

For further information concerning this matter, please call:

Stephanie Hirsch

Name of Contact Person

at (973)

439-0300

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. BlueShore Global Equity Fund, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 7/1/2013 3. B13000000198
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:

Harsha Gowda
Name
4830 West Kennedy Blvd, Ste 600
Address
Tampa, FL 33609
City, State and Zip

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

Harsha Gowda
Name
2202 N. West Shore Blvd, Ste 200
Florida street address (P.O. Box not acceptable)
Tampa FL 33607
City, State and Zip

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

Harsha N. Gowda
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.

Harsha N. Gowda
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA