

B1500000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

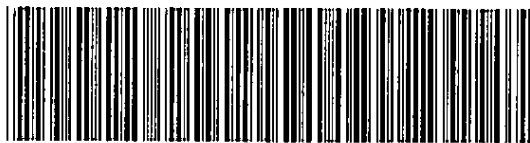
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations
SEDULOUS CAPITAL, LP

SUBJECT: _____
Name of Limited Partnership or Limited Liability Limited Partnership
B15000000235

DOCUMENT NUMBER: _____

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:

Louis Alan Stevens

Contact Person
Sedulous Capital Management LLC

					Firm/Company
2626 Little Hill Cove #110					

Address
Oviedo, FL 32765

City, State and Zip Code
alan@sedulouscapital.com

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

For further information concerning this matter, please call:

Louis Alan Stevens 407 687-2786
 _____ 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.

SEDULOUS CAPITAL, LP

1. _____
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/25/2015 _____
Date of filing/registration in Florida

3. B15000000235 _____
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:

Louis A. Stevens

Name

169 Windflower Way

Address

Oviedo, FL 32765

City, State and Zip

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

Louis Alan Stevens

Name

2626 Little Hill Cove Ste 110

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

Oviedo

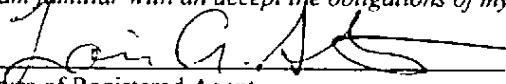
32765
FL

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

SECRETARY OF STATE
TALLAHASSEE, FL

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