

BF5000000264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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TO: Registration Section
Division of Corporations

SUBJECT: THE L SQUARED FLORIDA OFFICE, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B15000000264

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:

JONATHAN D. KANEY III

Contact Person

KANEY & OLIVARI, P.L.

Firm/Company

55 SETON TRAIL

Address

ORMOND BEACH, FL 32176

City, State and Zip Code

jake@kaneyolivari.com

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

For further information concerning this matter, please call:

JONATHAN D. KANEY III

Name of Contact Person

at (386)

675-0691
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

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**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. THE L SQUARED FLORIDA OFFICE, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/30/2015 3. B15000000264
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:

JOSEPH H. LINGE
Name

1541 STATE AVENUE
Address

HOLLY HILL, FL 32117
City, State and Zip

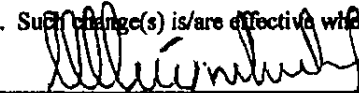
5. The name and Florida street address of the new registered agent and/or office:

JONATHAN D. KANEY III
Name

55 SETON TRAIL
Florida street address (P.O. Box not acceptable)

ORMOND BEACH FL 32176
City, State and Zip

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

X 
Signature of General Partner Uttam Chindak

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 Jonathan D. Kaney III

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

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TALLAHASSEE, FLORIDA