

B15000000 295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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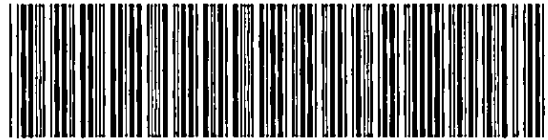
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Multilateral Partners Ft. Myers Beach Income L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B15000000295

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:

RICHARD KING

Contact Person

C/O CPSWFL

Firm/Company

5220 SUMMERLIN COMMONS BLVD #500

Address

FT MYERS FL 33907

City, State and Zip Code

rking@cpswfl.com

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

For further information concerning this matter, please call:

Tammy Cassin

Name of Contact Person

at ( 239 ) 675-3227

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. Multilateral Partners Ft. Myers Beach Income L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/29/2015  
Date of filing/registration in Florida

3. B15000000295  
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:

PAMELA K VAN VLECK  
Name  
c/o 5220 Summerlin Commons Blvd. #500  
Address  
Ft. Myers FL 33907  
City, State and Zip

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

RICHARD KING  
Name  
c/o 5220 Summerlin Commons Blvd. #500  
Florida street address (P.O. Box not acceptable)  
Ft. Myers FL 33907  
City, State and Zip

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

Anthony Wood Managing member of G.P.  
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]  
Signature of Registered Agent

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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