

B15000000336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

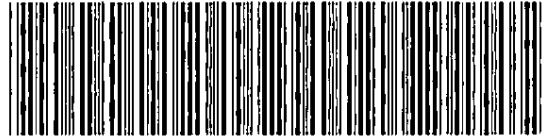
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 FEB 19 PM 12:11

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2024 FEB 19 PM 3:20

RECEIVED



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 310722 7728518

AUTHORIZATION : *Euclid Depot*

COST LIMIT : \$ 35.00

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ORDER DATE : February 7, 2024

ORDER TIME : 1:32 PM

ORDER NO. : 310722-083

CUSTOMER NO: 7728518  
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CHANGE OF AGENT

NAME: EUCLID DEPOT, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: \_\_\_\_\_

**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. EUCLID DEPOT, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/07/2015 Date of filing/registration in Florida  
3. B15000000336 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:

KAREL, MIKE  
Name  
1603 JEFFERSON AVE  
Address  
MIAMI BEACH, FL 33139  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Jill Gilmi Jill Gilmi, Vice President on behalf of  
Signature of General Partner EENHOO/EUCLID DEPOT GP, LLC, 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.*

Grace E. Kirby Grace E. Kirby, Asst. Vice President  
Signature of Registered Agent

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