B15000000348

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

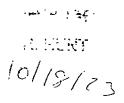
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CORPORATION SERVICE COMPANY 1201 Hays Street

. . .

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195	
	REFERENCE : 061913 4342287	
	AUTHORIZATION : Spelle man	
	COST LIMIT : \$ 35.00	_
ORDER DATE :	October 11, 2023	
ORDER TIME :	2:43 PM	55 C)
ORDER NO. :	061913-086	0171510N 2023 OCT
CUSTOMER NO:	4342287	SION OF CO
	<u>CHANGE OF AGENT</u>	CGRPCRAILA
NAME :	JOHN B. GOODMAN LIMITED PARTNERSHIP	

XX	CERTIFIED COPY PLAIN STAMPED COPY		
CONTACT	PERSON:	Alexxis Weiland-sorenson	
		EXAMINER'S INITIALS:	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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.

۱۰ <u></u>	DMAN LIMITED PARTNERSHI	mited Liability Limited Partnership
, 12/22/2015	3 B15000000348	
	ng/registration in Florida	Florida document number
4. The name of the Department of State		office address as shown on the records of the Florid
	NRAI SERVICES, INC.	
	Na	me
	1200 SOUTH PINE ISLAND	ROAD
	Ado	ress
	PLANTATION, FL 33324	
	City, Stat	e and Zip
5. The name and Fl	orida street address of the new reg	istered agent and/or office:
	Corporation Service Compa	ny
	Na	me
	1201 Hays Street	
	Florida street address (F	O. Box not acceptable)
	Tallahassee	FL_32301
	City, Stat	
Such change(s) is	Vare effective when filed by the F	lorida Department of State.
Signature of Genera Jill Gilmi, Vice Pro	l Partner esident on behalf of NIRVANA A	IR, INC., General Partner
comply with the pro		nd agree to act in this capacity. I further agree to ne proper and complete performance of my duties, position as registered agent.
Signature of Registe Grace E. Kirby, As	_ ,	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50