

B16000000035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

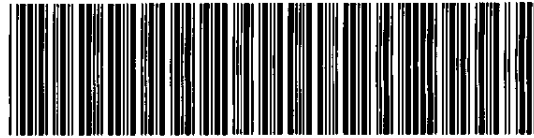
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA
2012 MAY -5 AM 8:30
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MAY 08 2017
J. HARRIS

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

ACCOUNT NO. : I20000000195

REFERENCE : 613165 7965870

AUTHORIZATION :

[Handwritten Signature]

COST LIMIT : \$ 35.00

ORDER DATE : April 24, 2017

ORDER TIME : 3:51 PM

ORDER NO. : 613165-030

CUSTOMER NO: 7965870

CHANGE OF AGENT

NAME: 620 HOLDINGS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

**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. 620 HOLDINGS, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. FEBRUARY 19, 2016 3. B16000000035
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:

SANDERS, TIM
Name
848 BRICKELL AVENUE PH1
Address
MIAMI FL 33131
City, State and Zip

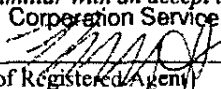
5. The name and Florida street address of the new registered agent and/or office:

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

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.

By: Corporation Service Company

Signature of Registered Agent

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

FILED
2016 MAY -5 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA