

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

B1400000088

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
PICHICHERO LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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Corporate Filing Menu

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K. Brumley

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DIVISION OF CORPORATIONS

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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. PICHICHERO LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/26/2016

Date of filing/registration in Florida

3. B16000000088

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:

CAPITOL CORPORATE SERVICES, INC.

Name

155 Office Plaza Drive, Suite A

Address

TALLAHASSEE, FL 32301

City, State and Zip

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

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd Fl

Florida street address (P.O. Box not acceptable)

TallahasseeFL 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.


Signature of Registered AgentBrian Radecki, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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