

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-L	
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
	Office Use Only



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D. SCOTT JAN 9 2019



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838 F: 866.625.0839** COGENCYGLOBAL.COM

	Account#:	12000000088
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Date: 0	1/08/2019			
Name:	Merritt Walker	-		
Reference #:	0000000	-		
Entity Name:	MOHAWK	METROWEST LP	2019	TŤ
	of Incorporation/Authorization	to Transact Business	2019 JAN - 8 P R	
🖌 Change	of Agent		P D: 03	
Reinstal	tement		,	
	sion			
🔲 Merger				
🗌 Dissolut	ion/Withdrawal			
Fictitiou	s Name			
Other_				
Authorized Am	ount: <u>\$ 35</u>			

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Account#:	12000000088

Date:	01/08/2019			
	Merritt Walker	-		
	¢C023962			
Entity Name	mohawk	METROWEST LP		
Articl	les of Incorporation/Authorization			
	nge of Agent		2019 J	
🗌 Rein	statement		JIM - 8	· · · · · ·
🗌 Conv	version			
🗍 Merg	let		P 10: 03	م. م
	olution/Withdrawal			
	ious Name			
🗌 Othe	r			
Authorized	Amount:\$35			

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Signature: \_\_\_\_\_ ww

## 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.	MOHAWK METF	NOWES	<u>Т LP</u>		
Narr	e of Limited Partnership or Limited	l Liability L	imited Partnership		
y Jun	e 30, 2016	3.	B1600000	143	
Date of filing/registration in Florida		Florida documen		it number	
4. The name of the reg Department of State:	istered agent and the registered offi	ce address a	is shown on the record	ds of the Florida	
	C T Corporation	System			
-	Name				
	1200 South Pine I	sland Ro	ad		
-	Address				
	Plantation, FL	33324			
-	City, State and	d Zip		2019 TAL	
5. The name and Flori	da street address of the new register	ed agent and	d/or office:	JAN	
	COGENCY GLO	BAL INC	•	U 1	
-	Name			B B	
	115 North Calhoun	St Suite	e 4		

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

Tallahassee FL 32301 City, State and Zip Ċ?

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

Signature of General Paring

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 an accept the obligations of my position as registered agent.

Acon Fronce Sean Honan, Assistant Secretary

Signature of Registered Agent

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