

BIG 000 000 ZII

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

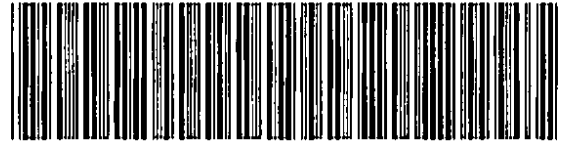
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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20 NOV -3 AM 10:42  
STATE OF TEXAS



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 30, 2020

Order#: 462358-024

Re: CORKSCREW GROVE LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.  
XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.  
XX Issue Proof of Filing.  
XX Please return evidence to the following:

Attn: Erika Zavala Daza  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

**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. CORKSCREW GROVE LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/23/2016 3. B16000000211  
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:

CT CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION, FL 33324  
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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6. Such change(s) is/are effective when filed by the Florida Department of State.

Jill E. Cilmi  
Signature of General Partner Jill Cilmi, Authorized Person on Behalf of CORKSCREW GROVE MANAGEMENT, LLC, GP

*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  
Signature of Registered Agent  
Grace E. Kirby, Asst. Vice President of Corporation Service Company

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