B17000000170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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A. BUTLER

DEC - 9 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 176640 8398142

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : December 2, 2022

ORDER TIME : 2:13 PM

ORDER NO. : 176640-248

CUSTOMER NO: 8398142

CHANGE OF AGENT

NAME: SUSO 4 CORDOVA LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

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. SUSO 4 CORDOVA LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/30/2017
Date of filing/registration in Florida

3. B17000000170
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 CORPORATON SYSTEM
Name

1200 S PINE ISLAND RD
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

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

Signature of General Partner

JILL CILMI , AUTHORIZED PERSON ON BEHALF OF SYSO 4 CORDOVA GP LLC, 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 Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

2022 DEC -8 PM 1:36

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