

B17 000000170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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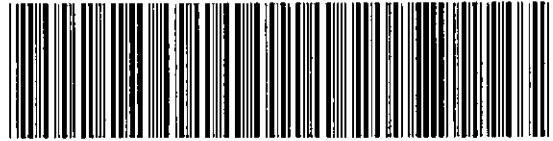
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

A. BUTLER

DEC - 9 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, 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.

Jill E. Cilmi
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.

Grace E. Kirby
Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

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

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TALLAHASSEE, FLORIDA
CLERK OF THE BOARD OF REGISTRATION