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## COVER LETTER

## **TO:** Registration Section Division of Corporations

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SUBJECT:	Ulistic, LP
-	Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B1700000207

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shauna Wortinger	
Contact Person	
ShaunaCPA Advisory Group, LLC	, 18
Fimi/Company	- 9
P O. Box 8232	 
Address	
Sebring, FL 33872	
City, State and Zip Code	<b>ک</b> ئ مر. جب
shauna@shaunacpa.com	r Car
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Shauna Wortinger	at (	863	253-1819
Name of Contact Person		Area Code an	Daytime Telephone Number

.

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:** Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS04 (01/06)

## 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	Ulis	tic, LP		
	Name of Limited Partnership or Li	mited Liability I	Limited Partnership	
2.	08/28/2017	3.	B17000000207	
	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:

Corporate Creations Network, Inc
Name
11380 Prosperity Farms Road #221E
Address
Palm Beach Gardens, FL 33410
City, State and Zip

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

1231 US Hwy 27S         Florida street address (P.O. Box not acceptable)         Sebring         FL 33870         City, State and Zip	Name	
Sebring FL 33870	1231 US Hv	<i>N</i> Y 27S
	Florida street address (P.O	. Box not acceptable)
	Sebring	<sub>FL</sub> 33870
	City, State a	
	effective when filed by the Flor	

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

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