

B17000000 211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

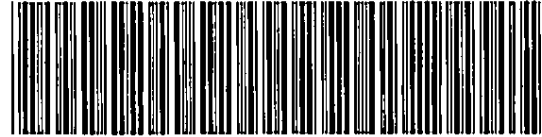
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JD 10/29/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CMG REALTY CO. OF FLORIDA, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B17000000211

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:

Mary Castillo

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, Texas 78744

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

at ( 888 ) 705-7274

Name of Contact Person

Area Code and Daytime Telephone Number

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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. CMG REALTY CO. OF FLORIDA, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/05/2017

Date of filing/registration in Florida

3. B17000000211

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:

SENKOW, TERRI

Name

2500 MAITLAND CENTER PARKWAY

Address

MAITLAND, FL 32751

City, State and Zip

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

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

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

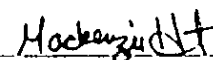
Tallahassee FL 32301

City, State and Zip

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

  
Signature of General Partner

*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.*

 Mackenzie Hart  
Signature of Registered Agent Assistant Secretary

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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