(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:





300394656843 LLP RA Change

A. RAMSEY OCT - 3 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	D. : I2000000195
REFERENC	CE : 967718 7731108
AUTHORIZATIO	ON : Expulsible rea.
COST LIM	IT : \$ 35.00°
ORDER DATE : September 22,	2022
ORDER TIME : 8:23 AM	
ORDER NO. : 967718-029	
CUSTOMER NO: 7731108	
CHANGE OF	FAGENT
NAME: ASCO, L.P.	
PLEASE RETURN THE FOLLOWING CERTIFIED COPY	AS PROOF OF FILING:
XX PLAIN STAMPED COPY	
CONTACT PERSON: Alexxis Wei	land
	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.

L. ASCO, L.P.				
	Name of Limited Partnersh	ip or Limited Liability Lin	nited Partnership	
02/07/2018		3. B1806	3 B1800000027	
Date of t	iling/registration in Florida	Florida document number		
4. The name of the Department of St	ne registered agent and the reate:	gistered office address as	shown on the records of	the Florida
	C T CORPORATION	SYSTEM		_
	-	Name		78.
	1200 SOUTH PINE IS	SLAND ROAD		,
		Address		
	PLANTATION, FL 33	324		$\frac{1}{2}$
	C	ity, State and Zip		
5. The name and	Florida street address of the	new registered agent and/c	or office:	Mr. C.
	Corporation Service (Company		
		Name		
	1201 Hays Street			
	Florida street ad	dress (P.O. Box not accept	able)	
	Tallahassee	F1.3	2301	
	C	ity, State and Zip		
ignature of Gene nereby accept the	eral Partner the appointment as registered rovisions of all statutes relations.	MI, VICE PRESIDENT OF COMPANY, ITS GENER agent and agree to act in the total company to the proper and company to the prop	ON BEHALF OF AUTO RAL PARTNER this capacity. I further a plete performance of my	gree to
ınd I am familiar	with an accept the obligation	ns of my position as registe	ered agent.	
Signature of Regi	stered Agent	GRACE E. KIRBY,	ASST, VICE PRESIDE	NT
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50