

B180000000062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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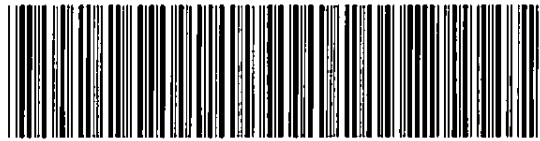
(Business Entity Name)

(Document Number)

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(Handwritten signature)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christy 2017, LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B18000000062

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:

Lisa Figueroa

Contact Person

Carrington Coleman

Firm/Company

901 Main Street, Suite 5500

Address

Dallas, TX 75202

City, State and Zip Code

mfin@jceleo.com

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

For further information concerning this matter, please call:

Lisa Figueroa

at (214) 855-3207

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

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TALLAHASSEE, FL

**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. Christy 2017, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/07/2018 3. B18000000062
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:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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

Cogency Global Inc.
Name
115 N. Calhoun St., Suite 4
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.

See attached
Signature of Registered Agent

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

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TALLAHASSEE, FL

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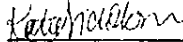
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 Katie Nicholson, Assistant Secretary
Signature of Registered Agent

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

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TALLAHASSEE, FL

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