

7/11/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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2019 JUL 12 AM 8:20
 SECRETARY OF STATE
 TALLAHASSEE, FL

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REGISTERED AGENT CHANGE
THE ASPECT AL LP

Certificate of Status	0
Certified Copy	1
Page Count	02
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7-12-19

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**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. THE ASPECT AL LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/19/2018 3. B18000000110
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:

LUBECK, JOSEPH G
Name

1331 SOUTH KILLIAN DR. SUITE A
Address

LAKE PARK, FL 33403
City, State and Zip

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

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

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

[Signature]
Signature of General Partner James Miller

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.

[Signature]
Signature of Registered Agent

Alfred Younan
Assistant Secretary

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

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