

7/18/2018

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
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**REGISTERED AGENT CHANGE
STREAMLINE (FL), LIMITED PARTNERSHIP**

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K. SALY

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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. STREAMLINE (FL), LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 04-25-2018 3. B18000000112
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:

Tim S Gill
Name
150 E PALMETTO PARK RD, SUITE 800
Address
BOCA RATON, FL 33432
City, State and Zip

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

Registered Agents Inc.
Name
3030 N. Rocky Point Dr., STE 150A
Florida street address (P.O. Box not acceptable)
Tampa FL 33607
City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
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