B190000000141

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

Office Use Only



500414151215

S. CHATHAN

2023 ATS 24 PH 2: 33



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 08/24/2023	_		₩WALK IN**
ENTITY NAME_LGA P	ARTNERS, L.P.		
DOCUMENT NUMBER_			
	PLEASE FILE THE	FATTACHED AND RETURN	
xxxxxx	Plain Copy Certified Copy		
	Certificate of Status		
*1	PLEASE OBTAIN THE FO	LLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts	& Amendments	
	Certificate of Good Stan	ding	
	APOSTILLE' / NO	OTARIAL CERTIFICATION	
COUNTRY OF DESTINA	TION		_
NUMBER OF CERTIFICA	TES REQUESTED		_
TOTAL OWED \$35		ACCOUNT #: I20160000072	
		E 8 7/10	
Please call Tina at t	the above number for a	ny issues or concerns. Thank you so m	ruch!

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LGA Partners, L.P.	<u> </u>
Name of Limited Partn	ership or Limited Liability Limited Partnership
DOCUMENT NUMBER: B1900000	00041
The enclosed Statement of Change of Ffee(s) are submitted for filing.	Registered Office and/or Registered Agent and
Please return all correspondence conce	rning this matter to:
Contact Person	
Harbor Compliance	
Firm/Company	
1830 Colonial Village Lane	
Address	.
Lancaster, PA, 17601	
City, State and Zip Cod	e
professional@harborcomplian	nce.com
E-mail address: (to be used for future ann	nual report notification)
For further information concerning this	s matter, please call:
Rebekah Remp	at (717) 844-6897 Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payal	ble to the Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

• . . .

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. LGA PARTNI	ERS, L.P.					
Na	me of Limited Partnership or Limited	Liability Limited Partners	hip			
2.02/12/2019	2/12/2019 3. B190000000					
Date of filing/registration in Florida		Florida document number				
4. The name of the re Department of State:	gistered agent and the registered offi	ce address as shown on the	records of the	Florida		
	C T CORPORATION S'	YSTEM	*			
	Name		,	123		
	1200 SOUTH PINE ISL	AND ROAD		مدر: زخر:		
	Address			<u>~</u>		
	PLANTATION, FL 3332	24	_			
	City, State and	l Zip				
5. The name and Flor	rida street address of the new register	ed agent and/or office:	-i - , ,	?: :33		
	Registered Agents Inc					
	Name					
	7901 4th St N STE 30	00				
Florida street address (P.O. Box not acceptable)						
	St. Petersburg	_{FL} 33702				
	City, State and					
6. Such change(s) is/	are effective when filed by the Florid	a Department of State.				
/S/ Paulet	te Burns					
Signature of General						
I hereby accept the ap comply with the provi and I am familiar with Dayd Accept	opointment as registered agent and a sions of all statutes relative to the pr h an accept the obligations of my pos	oper and complete perform	I further agre ance of my dut	e to ies,		
Signature of Register	ed Agent					
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50