

B190000000232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

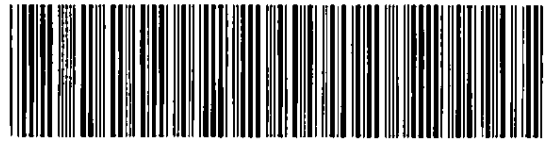
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT 11 PM 3:59
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EST TEXAS ONE L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B1900000232

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:

RAMFIS VAZ

Contact Person

GATOR DEVELOPMENT

Firm/Company

7850 NW 146th Street, 4th Floor

Address

Miami Lakes, FL 33016

City, State and Zip Code

rvaz@gatorinv.com

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

For further information concerning this matter, please call:

Ramfis Vaz

at (305) 949-9049 Ext 148

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

**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. EST TEXAS ONE L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/06/2019

Date of filing/registration in Florida

3. B19000000232

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:

CORPORATE CREATIONS NETWORK, INC

Name

801 US HIGHWAY 1

Address

NORTH PALM BEACH, FL 33408

City, State and Zip

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

JAMES A GOLDSMITH

Name

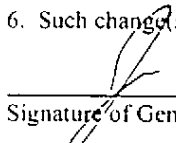
7860 NW 146th Street, 4th Floor

Florida street address (P.O. Box not acceptable)

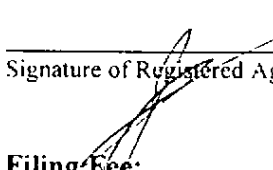
Miami Lakes FL 33016

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.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

CLERK OF THE
TALLAHASSEE, FLORIDA

2023 OCT 11 PM 4:00

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