

(((H21000449130 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 : (800)345-4647 Fax Number : (800)432-3622

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REGISTERED AGENT CHANGE PPD DEVELOPMENT, L.P.

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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. PPD DEVELO	OPMENT, L.P. e of Limited Partnership	s and I household I label	Dr. Limited Bosses	Abrim
2, 12/12/2019	e or Change Salmeran		B190000003	-
	egistration in Florida			ment number
The name of the regi Department of State:	_	pistored office addi		
F	REGISTERED AGE	NT SOLUTION	NS, INC.	
-		Name		•
1	55 OFFICE PLAZA	A DR., SUITE	4	
_		Address		•
7	ALLAHASSEE, FL	32301		
_	Cit	y, State and Zip		
5. The name and Florid	la street address of the m	ew registered ago	nt and/or office;	
9	Capitol Corporate S	ervices, Inc.		
		Name		
5	15 East Park Aven	ue 2nd Fl		
	Florida street add	ress (P.O. Box no	t acceptable)	
<u>T</u>	allehassee		FL 32301	
_	Cit	y, State and Zip		
6. Such change(s) is/an	e effective when flied by	y the Florida Depa	rement of State.	
WHITE				
Signature of General Pa	FUICT			
I hereby accept the app comply with the provisi and I am familiar with a	ons of all statutes relath	re to the proper at	nd complete perform	
Bin Touter		Brian Radeo	ki, Asst. Secreta	ary on behalf
Signature of Registered	Agent	of Capitol Co	orporate Service	s, Inc.
Filing Fee: Certified Copy (op	\$35,00 stional): \$52.50			
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