

B20000000187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

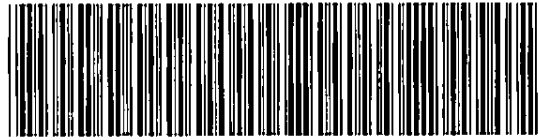
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 10 2025

Office Use Only



100444227551

02/07/25--01001--019 **27.50

FILED

2025 FEB -7 PM 1:16

2025 FEB -7 AM 10:57

**CORPORATE
ACCESS,
INC.***When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN**PICK UP:** 2/6 MEGHANCERTIFIED COPY

XX PHOTOCOPY

CUS

XX FILING

RA AMENDMENT

1. 3480 MAIN HIGHWAY, LP *File Second*
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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. 3480 MAIN HIGHWAY, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. September 17, 2020 3. B20000000187
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:

GCI Merchant Group LLC
Name
550 Biltmore Way, Suite 970
Address
Coral Gables, Florida 33134
City, State and Zip

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

Registered Agent Solutions, Inc.
Name
2894 Remington Green Lane, Suite A
Florida street address (P.O. Box not acceptable)
Tallahassee, FL 32308
City, State and Zip

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

/s/ Scott Sherman

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.

/s/ Brian Smith

Signature of Registered Agent

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

