Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## REGISTERED AGENT CHANGE BA CLEMATIS BANYAN, LP

Certificate of Status	0
Certified Copy	<u> </u>
Page Count	03
Estimated Charge	\$87.50

JUL 1 4 2021

A. LUNT

## **COVER LETTER**

TO: Registration Section Division of Corporations	s.	
<del>-</del>		
SUBJECT: BA Clematis Banyan, I	And the second s	<del></del>
	ted Partnership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: B210	000000176	
The enclosed Statement of Chanfee(s) are submitted for filing.	nge of Registered Office and/or Registered Agent and	
Please return all correspondence	e concerning this matter to:	
Christina T. Rodriguez		<u> </u>
Contact Pe	erson	NIST VIST
c/o Haynes and Boone, LLP		
Firm/Comp	pany	
2323 Victory Avenue, Suite 700		21 JUL 13 PH 2: 06
Addres	S5	<b>22</b>
Dallas, Texas 75219		73
City, State and	Zip Code	36
adam@midnightholdings.com		•
E-mail address: (to be used for fi	uture annual report notification)	
For further information concern	ing this matter, please call:	
Adam C. Demark	at (917 ) 514.6546	
Name of Contact Person	Area Code and Daytime Telephone Number	r
Enclosed is a \$35.00 check mad	le payable to the Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

INHS04 (01/06)

Tallahassee, FL 32314

Filing Fee:

Certified Copy (optional): \$52.50

## 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.

	is Banyan, LP	imited Liability Limited Partnersh	ip
2. April 29, 20	•	3. B2100000017	
	te of filing/registration in Florida Florida docume		
4. The name of the Department of State		d office address as shown on the n	ecords of the Florida
	Adam Demark		
	N	ame	<b>N</b>
	440 Royal Palm Wa	y, Suite 100	21 JUL 13
	Ad	dress	두 :
	Palm Beach, Florida	i 33480	<u> </u>
	City, Sta	ate and Zip	
5. The name and F	lorida street address of the new re	gistered agent and/or office:	5.
	Adam C. Demark		90
	N	ame	
	340 Royal Poincian	a Way, Suite 317-383	
	Florida street address (	P.O. Box not acceptable)	
	Palm Beach	FL 33480	
	City, Sta	ate and Zip	
6. Such change(s) is /s/ Adam C. Dema its General Partner	is/are effective when filed by the rk, on behalf of BA Clematis Ban	Florida Department of State. nyan GP, LLC,	
Signature of Genera	al Partner	-	
comply with the pro	appointment as registered agent ovisions of all statutes relative to with an accept the obligations of n	and agree to act in this capacity. the proper and complete performa ny position as registered agent.	I further agree to nce of my duties,
/s/ Adam C. Demai Signature of Regist		July <u>9</u> , 2021	
Filing Fee:	\$35.00		