

B210000000414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

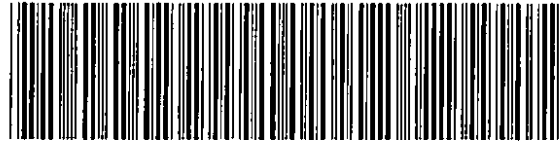
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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LP RA & RO Change

RECEIVED

2023 DEC -4 PM 2:56

SECONDARY FILING
FALL ASSOCI, FLORIDA

FILED

2023 DEC -4 PM 12:04

SECONDARY FILING
FALL ASSOCI, FLORIDA

A. RAMSEY

DEC -5 2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 12/4/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1209844

ORDER ENTITY

WINDERMERE KEY CAPITAL PARTNERS, LP

PLEASE PERFORM THE FOLLOWING SERVICES:

WINDERMERE KEY CAPITAL PARTNERS, LP (FL)

File the attached change of agent document

NOTES:

\$35.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINDERMERE KEY CAPITAL PARTNERS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B21000000414

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:

Sapphire Marquez

Contact Person

SunDoc Filings

Firm/Company

7801 Folsom Blvd Ste 202

Address

Sacramento CA 95826

City, State and Zip Code

akhilmadurai@wkcmp.com

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

For further information concerning this matter, please call:

Akhil Madurai

at (651) 387-4461

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. WINDERMERE KEY CAPITAL PARTNERS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/17/2021

Date of filing/registration in Florida

3. B21000000414

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:

SUNDOC FILINGS INCORPORATED

Name

3458 LAKESHORE DR.

Address

TALLAHASSEE, FL 32312

City, State and Zip

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

United Agent Group Inc.

Name

801 US Highway 1

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

North Palm Beach FL 33408

City, State and Zip

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

/S/ BHANU PAL

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/ William Huser

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILED
2023 DEC -4 PM 12:04
TALLAHASSEE, FL
CLERK OF THE COURT