

B22000000512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

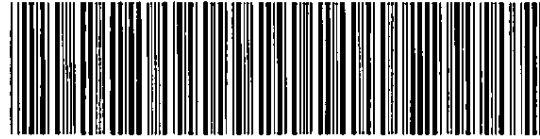
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

2022 OCT 31 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2022 OCT 31 AM 11:24

CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA

A. BUTLER
NOV - 1 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/31/2022

****WALK IN****

ENTITY NAME C4E4, LLLP

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 35.00

ACCOUNT # 120160000072

em: c J2W

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C4E4, L.L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B22000000512

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:

Simon Choi

Contact Person

C4E4, L.L.P.

Firm/Company

5519 Ridgedale Ave

Address

Dallas, TX 75206

City, State and Zip Code

simon.choi2@gmail.com

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

For further information concerning this matter, please call:

LAUREN JOHNSON at (800) 567-4397

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. C4E4, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/17/2022

Date of filing/registration in Florida

3. B22000000512

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:

CHOI, SIMON

Name

1525 W CYPRESS CREEK RD

Address

FT LAUDERDALE, FL 33309

City, State and Zip

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

URS AGENTS, LLC

Name

3458 Lakeshore Drive

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

Tallahassee

FL 32312

City, State and Zip

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

[Signature]

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]

Signature of Registered Agent

LAUREN JOHNSON, ASST SECRETARY

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

FILED
2022 OCT 31 AM 9:55
DEPT. OF STATE
TALLAHASSEE, FL