

B23000000045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

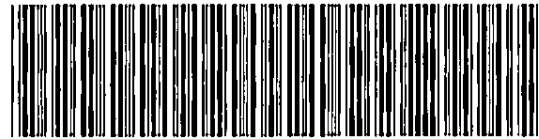
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CORPORATION SECTION
TALLAHASSEE, FLORIDA

2024 JAN 29 PM 3:29

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A. RAMSEY
JAN 30 2024

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 274403 8323810

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 18, 2024

ORDER TIME : 2:50 PM

ORDER NO. : 274403-005

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: Analytic Partners, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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. ANALYTIC PARTNERS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/06/2023

Date of filing/registration in Florida

3. B23000000045

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:

AP GP 2, INC.

Name

1441 BRICKELL AVE., STE. 1220

Address

MIAMI, FL 33131

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State and Zip

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

/s/ Luis Vacanti, Member on behalf of AP GP 1, INC., General Partner

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.

Luis Vacanti

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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