

B23000000073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

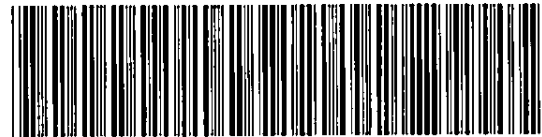
(Business Entity Name)

(Document Number)

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SUPREME COURT  
FLORIDA

R. HUNT

3/25/24

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 03/25/2024

Acc#120160000072

*eric*

Name:	FIRST COAST REAL ESTATE PARTNERS I, LP
Document #:	
Order #:	15454990 - 5

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

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Verifier _____
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Amount: \$ **87.50**

Thank you!

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** First Coast Real Estate Partners I, LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B23000000073

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:

RoxAnn D. Mack  
Contact Person  
Facgre Drinker Biddle & Reath LLP  
Firm/Company  
1470 Walnut Street, Suite 300  
Address  
Boulder, CO 80302  
City, State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RoxAnn D. Mack at ( 303 ) 447-7750  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL  
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**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. First Coast Real Estate Partners I, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/03/2023 3. B23000000073  
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:

C T Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

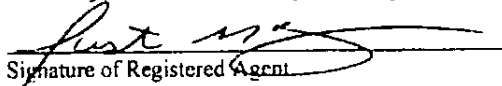
5. The name and Florida street address of the new registered agent and/or office:

Justin Higgins  
Name  
1000 Riverside Avenue, Suite 600  
Florida street address (P.O. Box not acceptable)  
Jacksonville FL 32204  
City, State and Zip

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

  
Signature of General Partner

FCREP I GP, LLC by John W. Simmons  
*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 of Registered Agent  
Justin Higgins

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

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DEPT OF STATE  
TALLAHASSEE, FL