## B93CCC CCC571

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 30, 2020

Order#: 462358-073

Re: RUNNING W CITRUS LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

	Name of Limited Partnership or Lin	nited Liability Limited Partner	ship	
12/22/1993		3. B93000000571		
Date of fil			ment number	r
4. The name of the Department of Stat	registered agent and the registered e:	office address as shown on the	e records of t	the Florida
	CT CORPORATION SYSTE	М		
	Nar	ne	-	
	1200 SOUTH PINE ISLAND	ROAD		
	Addi	ress	•	
	PLANTATION, FL 33324			
	City, State	and Zip	•	
5. The name and P	lorida street address of the new reg	istered agent and/or office:		
	Corporation Service Compar	ıy		
	Name		- ,	$\Xi$
	1201 Hays Street		ζ.	63
	Florida street address (P	O. Box not acceptable)	- <u>!</u> ·	- <del>1</del>
	Tallahassee	FL_32301		Ç
	City, State		· •	∴ \$
6. Such change(s) is/are effective when filed by the Florida Department of State.		iz iz	ડેઉ હા	
ى بىنى	P. Clonie		•	2
	al Partner Jill Cilmi, Authorized Po MANAGEMENT LLC,		W CITRUS	
comply with the pro and I am familiar v	appointment as registered agent ar ovisions of all statutes relative to th with an accept the obligations of my	e proper and complete perfor <mark>n</mark>		
Drawe				
Signature of Regist	ered Agent			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50