

B95000000438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

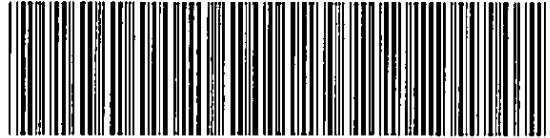
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 312765 7482226
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : February 9, 2024
ORDER TIME : 11:03 AM
ORDER NO. : 312765-121
CUSTOMER NO: 7482226

CHANGE OF AGENT

NAME: SOUTH FT. MEADE PARTNERSHIP,
L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

**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. SOUTH FT. MEADE PARTNERSHIP, L.P., LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/08/1995

Date of filing/registration in Florida

3. B95000000438

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:

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.

Jill E. Cilmi
Signature of General Partner

Jill Cilmi, Authorized Person on behalf of South Ft.

Meade General Partner, LLC, 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.

Ami M. Casper
Signature of Registered Agent

Corporation Service Company

Ami M. Casper, Asst. Vice President

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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