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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC
Account Number : 120100000062
Phone : (888)705-7274
Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
METRO TREATMENT OF FLORIDA, L.P.**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: METRO TREATMENT OF FLORIDA, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B97000000497

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:

Margot Mullin

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, Texas 78744

City, State and Zip Code

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

For further information concerning this matter, please call:

Margot Mullin

at (888) 705-7274

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

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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. METRO TREATMENT OF FLORIDA, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/16/1997

Date of filing/registration in Florida

3. B97000000497

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:

Terri Senkow

Name

2500 Maitland Center Parkway Suite 250

Address

Maitland, FL 32751

City, State and Zip

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

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

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/ Mark Kozak, President of COLONIAL GP, L.P., 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.

Mackenzie Hart

Signature of Registered Agent

Mackenzie Hart

Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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FLORIDA