

L19000296495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2023 JAN 23 AM 8:44
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2023 JAN 23 AM 11:34

6

JAN 24 2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 389096 5152828

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : January 20, 2023

ORDER TIME : 8:20 AM

ORDER NO. : 389096-010

CUSTOMER NO: 5152828

CHANGE OF AGENT

NAME: FF CAPITAL PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FF Capital Partners, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julia Race

Name of Person

FF Capital Partners, LLC

Firm/Company

203 N. Lois Ave, Suite 814

Address

TAMPA, FL 33607

City/State and Zip Code

julia.race@myfamilyfirstthc.com

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

For further information concerning this matter, please call:

DNATHAN BRANDES

at (954) 768-5206

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

*ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
mits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

Name of the limited liability company: FF Capital Partners, LLC

(a) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2203 N. Lois Ave, Suite 814

TAMPA, FL 33607

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2203 N. Lois Ave, Suite 814

TAMPA, FL 33607

12/04/2019

Date of filing/registration in Florida

4.

L19000296495

Document number

(a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

DIXON, JIM

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

13123 W LINEBAUGH AVE STE 102

TAMPA

FL 33626

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee

FL 32301

*he limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
nge or changes are made, the Florida street address of the registered office and the business office of the registered
nt will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
articles of organization or the operating agreement of the limited liability company.*

CARSON BARNES

Signature of a member or authorized representative of a member

Printed or typed name of signee

*hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
ified in writing of this change.*

Alexis Wilson assistant vice president
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00