

M14000009086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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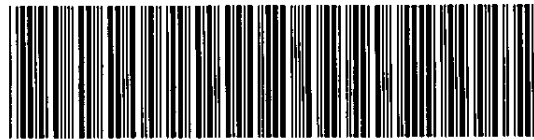
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

JUL 02 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prospect Management Group, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000741

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:

Gabriela Fajardo c/o CorpCo

Contact Person

Firm/Company

910 Foulk Road, Suite 201

Address

Wilmington, DE 19803

City, State and Zip Code

info@corpco.com

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

For further information concerning this matter, please call:

Gabriela Fajardo

Name of Contact Person

at (302) 652-4800

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

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

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

1. Name of the limited liability company: PROSPECT MANAGEMENT GROUP GP LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

27 Indian Point Lane

27 Indian Point Lane

Riverside, CT 06878

Riverside, CT 06878

12/18/2014

M14000009086

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) CT Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) ARD, SHIRLEY & RUDOLPH, P.A.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

207 West Park Ave., Suite B

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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

Signature of a member or authorized representative of a member

JOHN F. BARRY, III

Printed or typed name of signer

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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