M 19000003023

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

2/18/20

NAME:

LIBERTY SQUARE PARTNERS, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

OHodge

COVER LETTER

	stration Section sion of Corporations							
SUBJECT:	Liberty Square Partners, LLC							
JUDILCI.	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	l Registered Agent/Registered Office	c Change and f	ee(s) are submitted for filing.					
Please return	all correspondence concerning this	matter to the fo	ollowing:					
	Name of Person		_					
Florida Filing	& Search Services, Inc.							
	Firm/Company	-	_					
155 Office Pa	rk Drive, Suite A		_					
	Address							
Tallahassee, F	ጊ 32301							
	City/State and Zip Code		_					
rcoben@buck	inghamre.com							
E-mail	address: (to be used for future annua	l report notific	ation)					
For further in	nformation concerning this matter, pl	lease call:						
Richard Cohe	n	914 at (666-7700					
	Name of Person		Area Code & Daytime Telephone Number					
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Encl	osed is a check for the following a	mount:						
□ \$2	25 Filing Fee	□ \$55	☐ \$55 Filing Fee & Certified Copy					

INHS18 (2/14)

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. N	Name of the limited liability company: Liberty Square	e Partner	s,LLC					
2. (a)	c/o Buckingham Properties		(b) c/o Buc	kingham Proper	tics			
	Principal office eddress of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Buckingham Plaza, 657 East Main Street					
	Buckingham Plaza, 657 East Main Street							
	Mount Kisco, NY 10549		Mount Kisco, NY 10549					
	03/27/2019		M190000	03023				
3.	Date of filing/registration in Florida	4.	•	Document n	umber			
5. (a)	Florida Filing & Search Services, Inc.							
J. (J)	Registered Agent and Registered Office shown on the records	of the Flor	rida Dept. of St	ate;				
	155 Office Park Drive, Suite A							
	Registered Office Address MUST BE FLORIDA STREE	TADDRE	SS52	_	<u>ن</u> ا	20:		
	·				% %	2020 FEB		
	Tallahassee	- 32301	 [(T.	EB		
	Le F	L				8	-	
(b)	RMC Property Group, Att: Bobby Egglesten				12	Ž		
	Enter name of NEW Registered Agent and/or NEW Registere	न्त्र तिति के	ddres:	_	2000	بغ		
	8902 N. Dale Hwy.				子图	: 29		
	NEW Registered Office Address:							
	Tampa			-				
		L 33614		_				
agent w	mited liability company is not organized under the lat or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited in re authorized by an affirmative vote of the members of these forganization or the operating agreement of the	ability cof the liquided	red office an ompany, it is nited liability	d the business s hereby confir	office of th	e registe	red .	
Signati	are of a member or authorized representative of a member			Printed or typed	name of sions			
_	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of pty position as registered agent as provide by reflect a change in the registered office address, I have in writing of this change.	ree to ac perform a for in (hereby c	t in this cape arice of my c Chapter 605, onfirm that t	ncity. I further history and I an F.S. Or, if the he limited liab	agree to con familiar wis documentallity compa	mply w with and t is bein my has t	ith the accept g filed een	
Signature	of Registered Agent							