

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

B1600000249

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

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (954)208-0845
 Fax Number : (614)573-3996

****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
 KINGHAM DALTON WILSON, LTD**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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2023 AUG 10 PM 2:46

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2023 AUG 10 PM 5:07

APPROVED
 AND
 FILED

AUG 10 2023
 K. Brumbley

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. Kingham Dalton Wilson, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/15/2016 3. B16000000249
Date of filing/registration in Florida 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:

Incorp Services, Inc.
Name
3458 Lakeshore Drive
Address
Tallahassee, FL 32312
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
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.

[Signature]
Signature of Registered Agent

Rachel O'Connor, Assistant Secretary

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

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TALLAHASSEE, FL 32399