

A 03000000900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

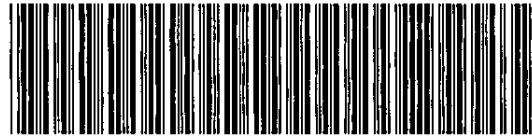
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
SEP 13 2013

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JW FRITZ PARTNERS LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000000900

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:

JOHN C FRITZ  
Contact Person

JW PARTNERS LIMITED PARTNERSHIP  
Firm/Company

2612 OAK GROVE AVE  
Address

ST. AUGUSTINE, FL. 32092  
City, State and Zip Code

JOHNFRITZ6@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN C FRITZ at (904) 940-7715  
Name of Contact Person Area Code and Daytime Telephone Number

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

Enclosed is a \$35.00 check made payable to the Florida Department of State.

- 25.00 - Already Paid

**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

**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. JW FRITZ PARTNERS LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/13/2003  
Date of filing/registration in Florida

3. A03000000900  
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:

LESTER LAW ESQ  
GRANT, FRIZKIN, PEARSON ATHANS CROWN PA  
Name

5551 RIDGEWOOD DRIVE STE 501  
Address

NAPLES, FL 34108  
City, State and Zip

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

JOHN C FRITZ  
Name

2612 OAK GROVE AVE  
Florida street address (P.O. Box not acceptable)

ST. AUGUSTINE FL 32092  
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 an accept the obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2013

JOHN C. FRITZ  
JW FRITZ PARTNERS LIMITED PARTNERSHIP  
2612 OAK GROVE AVENUE  
ST. AUGUSTINE, FL 32092

SUBJECT: JW FRITZ PARTNERS LIMITED PARTNERSHIP  
Ref. Number: A03000000900

We have received your document for JW FRITZ PARTNERS LIMITED PARTNERSHIP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 713A00020520

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TALLAHASSEE, FLORIDA

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