

Division of Corporations

Page 1 of 2

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE FARR LAW FIRM
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Phone : (941) 639-1158
Fax Number : (941) 639-0028

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jjayne@farr.com

**REGISTERED AGENT CHANGE
USEPPA INN AND DOCK COMPANY, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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14 OCT 22 PM 12:00

DIVISION OF CORPORATIONS
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OCT 23 2014

T. HAMPTON

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**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. Useppa Inn and Dock Company, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/10/1977 3. A05582
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:

William S. Jonassen, Esq.
Name

36 Laurel Street
Address

Clearwater Beach, FL 33787
City, State and Zip

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

Jack O. Hackett II
Name

99 Nesbit Street
Florida street address (P.O. Box not acceptable)

Punta Gorda FL 33950
City, State and Zip

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

USEPPA INN & DOCK COMPANY, INC., General Partner

By Timothy G. Fitzsimmons
Signature of General Partner Timothy G. Fitzsimmons, President

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

Filing Fee: \$35.00
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