Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H080002780143)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE

Account Number: 072731001155 : (813)253-2020

Fax Number

: (813)251-6711

REGISTERED AGENT CHANGE

SME CHILDREN LIMITED PARTNERSHIP

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

J. BRYAN

DEC 23 2008

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

H08000378014 3



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	Name of Limited Partnership or Lin	nited Liability Limited Partnership	
2 1/22/2008		3. A08000000074	
Date of fill	ng/registration in Florida	Florida document numbe	er
 The name of the Department of State 		office address as shown on the records of t	the Florida
	STEVEN M. ESRIC	CK	
	Nai	me	
	17633 GUNN HIGH	IWAY #241	and the second
	Add	ress	
	ODESSA, FL 3355	6	万里
	City, State	e and Zip	OB OCC 22
5. The name and F	lorida street address of the new reg	istered agent and/or office:	
	DAVID L. KOCHE	·	AH IO:
	Na	me	9 <u>2</u>
	601 BAYSHORE B	LVD, STE. 700	28 POKS
	Florida street address (P		
	TAMPA,	_{FL} 33606	
	City, Stat	e and Zip	
ESRICK ENTERPR By:			
Signature of Genera	al Partner Steven M. Esrick, Presid	dent	
comply with The pro	appointment as registered agent a visions of all statutes relative to th olth an aggept the abligations of my	nd agree to act in this capacity. I further a ne proper and complete performance of my position as registered agent	gree to duties,

Certified Copy (optional): \$52.50