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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

REGISTERED AGENT CHANGE

GEORGIA ARMS, L.P.

Curtificate of Status	0
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T. CLINE

SEP 1.1 2009

EXAMINER

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Corporate Filing Menu

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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.

l,		ARMS, L.P.			
	Name of Limited Partnership or Li	imited Liability	Lin	nited Partnership	
2	7/12/1982	3,		A 12831	
Date	of filing/registration in Florida		F	Florida document nu	unber
. The name of	of the registered agent and the registered f State:	d office addres	3 25 5	shown on the record	s of the Florida
	A.G.C	C., CO.			
	Ne	ime			
	SUNTRUST CENTER, STE	2300 200 S. C	RAI	NGE AVE	
	Add	dress			
	ORLANDO FL	. 32801-343 <u>2</u> L	s		
	City, Sta	te and Zip			التتر
5. The name o	and Florida street address of the new reg	gistered agent a	ınd/u	or office:	
		ation System			<u> </u>
	Ne	une			655 655 657
		ne Island Road			THE SE
	Florida street address (F	P.O. Box not a	cept	able)	ار المنسم
	Plantation,	I	îL.	33324	95
	City, Star	te and Zip			Or!
Such chan	ge(s) is/are effective when filed by the F	lorida Departr	ient :	of State.	
$\omega.0$	e Hull-				
Signature of C	Seneral Parther	•			
comply with if	of the appointment as registered agent a he provisions of all statutes relative to th liar with an accept the obligations of m	he proper and c	omp	olete performance aj	iur agree to I'my duties,
11/2	their _ , &	* ***. <u>*</u>	•		
Signature of F	Registered Agont	Mad Special	lon Ass	ina Cuddihy sistant Secret	án.
Filing Fee:	\$35.00			HOWEN OUT BE	ar y
	Copy (optional): \$52.50				