

A22964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY - 1 AM 11:05

J. BRYAN

MAY - 7 2008

EXAMINER

April 22, 2008

**VIA US REGULAR MAIL**

Florida Department of State  
Division of Corporation  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Tura, LP. Limited Partnership**

Dear Sir or Madam:

On behalf of the above-referenced limited partnership, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35.00 to cover the required filing fee; and
3. A self-address, stamped envelope.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned in the enclosed envelope provided for your convenience.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (512) 480-9131.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

Thanya Gonzalez

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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. Tura L.P. Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/15/1990

Date of filing/registration in Florida

3. A22964

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:

Prentice Hall Corporation System

Name

1201 Hays St., Suite 105

Address

Tallahassee, FL 32301

City, State and Zip

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

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

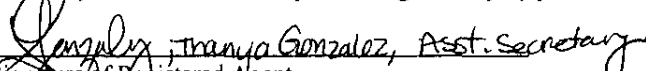
City, State and Zip

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



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 of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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