

A 27657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

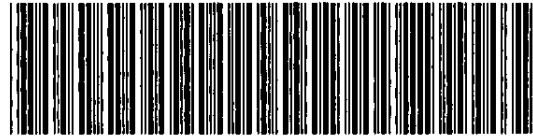
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR 16 P 4: 16

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BRUCE
MAR 17 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2017

PARASEC
2804 GATEWAY OAKS DRIVE #200
SACRAMENTO, CA 94203

SUBJECT: BODWIN, LTD.
Ref. Number: A27657

We have received your document for BODWIN, LTD. and your check(s) totaling \$35.00. 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 917A00003911

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/16/17

NAME: BODWIN, LTD

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: ~~XXXXXXXXXX~~

AUTHORIZATION:  ABBIE PAUL HODGE

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BODWIN, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A27657

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:

COURTNEY BAINS-CAULK
Contact Person
PARACORP INCORPORATED
Firm/Company
2804 GATEWAY OAKS DRIVE
Address
SACRAMENTO, CA, 95833
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COURTNEY BAINS-CAULK at (800) 909-3169
Name of Contact Person Area Code and Daytime Telephone Number

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

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

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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. BODWIN, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/23/1988 3. A27657
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:

ZIPKIN, SHELDON
Name
2020 NE 163RD STREET
Address
MIAMI, FL 33169
City, State and Zip

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

Paracorp Incorporated
Name
155 Office Plaza Drive, 1st Floor
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.

Sharon Cook
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.

Sharon Cook, Sharon Cook
Signature of Registered Agent Asst secretary

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

SECTION 607 OF STATUTES
TALLAHASSEE, FLORIDA

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