

Q110000000038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

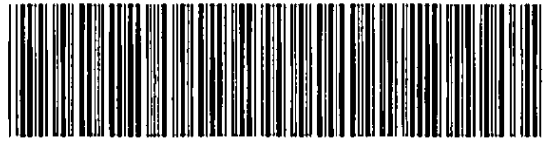
(Business Entity Name)

(Document Number)

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TALLAHASSEE 110410A

D. BRUCE  
FEB 12 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPARKS PLAYGROUND LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** Q11000000038

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:

JOAN MARMARELLIS  
Contact Person  
SPARKS PLAYGROUND LIMITED PARTNERSHIP  
Firm/Company  
804 SOUTH NEWPORT AVE  
Address  
TAMPA, FL 33606  
City, State and Zip Code  
MARFAGER@MAC.COM  
E-mail address: (to be used for future annual report notification)

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STATE DEPT OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

JOAN MARMARELLIS at ( 813 ) 361-8856  
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

**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. SPARKS PLAYGROUND LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/10/11 3. Q11000000038  
Date of filing/registration in Florida Florida document number

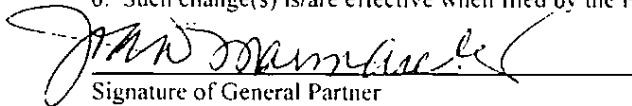
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CHARLES FAGER  
Name  
804 SOUTH NEWPORT AVE  
Address  
TAMPA, FL 33606  
City, State and Zip

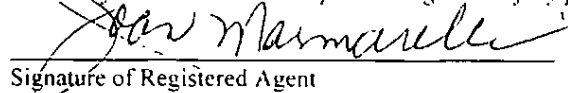
5. The name and Florida street address of the new registered agent and/or office:

JOAN MARMARELLIS  
Name  
804 SOUTH NEWPORT AVE  
Florida street address (P.O. Box not acceptable)  
TAMPA FL 33606  
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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