A01000001379

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

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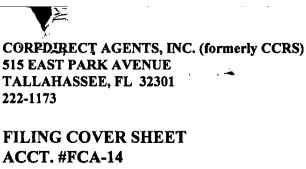
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09/29/09--01016--017 **35.00



DIVISION OF CORPORATIONS

09 SEP 29 PM 1: 11



CONTACT: MICHELE HOLDEN DATE: 09/29/09 **REF. #:** 000409.111014 CORP. NAME: SOUTHERN GOLF PARTNERS, LLLP () ARTICLES OF INCORPORATION () ARTICLES OF AMENDMENT () ARTICLES OF DISSOLUTION () ANNUAL REPORT () TRADEMARK/SERVICE MARK () FICTITIOUS NAME () FOREIGN QUALIFICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY () WITHDRAWAL () REINSTATEMENT () MERGER () CERTIFICATE OF CANCELLATION **CHANGE OF REGISTERED AGENT** (XX) OTHER: STATE FEES PREPAID WITH CHECK# 551941 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

PLEASE RETURN:

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

COST LIMIT: \$____

() CERTIFICATE OF STATUS

Examiner's Initials

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	SOUTHERN GOLI	F PARTNEF	RS, LLLP	
N	ame of Limited Partnership or Li	mited Liability Li	mited Partnership	
2.	10/11/2001		A01000001379	
Date of filing/registration in Florida		·	Florida document number	
4. The name of the r Department of State:	registered agent and the registered	d office address as	shown on the records	of the Florida
	GORDO	N, LEWIS		
	Ne	ume		
	4370 NAUT	ILUS DRIVE		
	Ad	dress		
	MIAMI BEACH	H FL 33140 U	<u>s</u>	
	City, Sta	te and Zip		
5. The name and Flo	orida street address of the new re	gistered agent and	/or office:	
	CORPDIRECT	AGENTS, IN	C	
•	N	ame		
	515 EAST PA	ARK AVENUE		
	Florida street address (P.O. Box not acce	ptable)	
	TALLAHASSE	E FL	32301	
	City, Sta	ate and Zip		
6. Such change(s) is	s/are effective when filed by the	Florida Departmer	nt of State.	
13	<u></u>			
comply with the pro	uinn appointment as registered agent visions of all statutes relative to vith appaceent the obligations of n	the proper and co	mplete performance of	er agree to 'my duties,
Filing Fee: Certified Copy	\$35.00 (optional): \$52.50			