

A01000001379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 SEP 29 AM 11:02  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 SEP 29 PM 1:11  
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DIVISION OF CORPORATIONS

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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SECRETARY OF STATE  
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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                    | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                        | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                  |   |  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF REGISTERED AGENT |   |  |

**STATE FEES PREPAID WITH CHECK#** 531941 **FOR \$** 35.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

**COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> 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.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 29 PM 1:11

1. SOUTHERN GOLF PARTNERS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/11/2001  
Date of filing/registration in Florida

3. A01000001379  
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:

GORDON, LEWIS  
Name

4370 NAUTILUS DRIVE  
Address

MIAMI BEACH FL 33140 US  
City, State and Zip

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

CORPDIRECT AGENTS, INC.  
Name

515 EAST PARK AVENUE  
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.

Bruce W. Quinn  
Signature of General Partner

**Bruce W. Quinn**

*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.*

Michael Holder, Esq.  
Signature of Registered Agent

**Filing Fee: \$35.00**

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