

A28396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

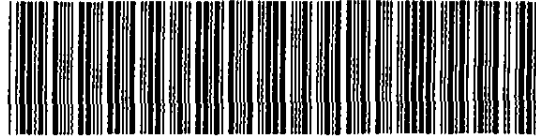
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AUG 15 2011
EXAMINER



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08/15/11--01017--019 **35.00

RECEIVED
11 AUG 15 AM 11:32
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 AUG 15 PM 2:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CT Corporation

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 878 5368 fax
www.ctcorporation.com

August 15, 2011

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
11 AUG 15 PM 2:35

Re: Order #: 8218485 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

RIDA-RENAISSANCE LIMITED PARTNERSHIP (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIDA-RENAISSANCE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A28396

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:

Tricia Schibik
Contact Person
Rida Development Corporation
Firm/Company
3120 S.W. FREEWAY, SUITE 200
Address
HOUSTON TX 77098
City, State and Zip Code
tschibik@ridadev.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tricia Schibik at (713) 961-3835
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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 15 PM 2:35

**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
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1. RIDA-RENAISSANCE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/25/1989 3. A28396
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:

NICHOLAS A. POPE
Name

215 N. EOLA DRIVE
Address

ORLANDO FL 32801
City, State and Zip

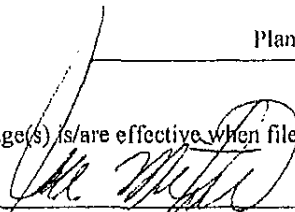
5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name

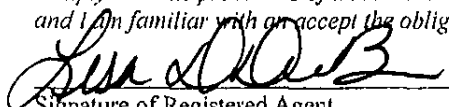
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
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

**Lisa DuBois
Asst. Secretary**

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