

A06000000544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

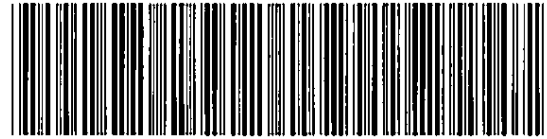
(Business Entity Name)

(Document Number)

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18 JAN 24 PM 11:28
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

JAN 26 2016

Y SULKER

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

\$35

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

1/24/18

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FILING

RA Change

1.

Osborne Family Partners, LTD

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSBORNE FAMILY PARTNERS, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000544

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:

Contact Person

Firm/Company

Address

City, State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
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. OSBORNE FAMILY PARTNERS, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. _____
Date of filing/registration in Florida

3. A06000000544
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:

ROBERT P. SALTSMAN
Name

222 S. PENNSYLVANIA AVENUE, SUITE 200
Address

WINTER PARK, FL 32789
City, State and Zip

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

Corporate Access, INC.
Name

236 E. 6th Ave.
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32303
City, State and Zip

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TALLAHASSEE, FLORIDA

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
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]
Signature of Registered Agent

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