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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Uston Family Partnership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A00000000069	
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.	1
Please return all correspondence concerning this matter to:	
Margaret E. Sweeney Contact Person	
Firm/Company 555 W. GRANADA BLVD., STE. G1 Address	
ORMOND BEACH FL. 32174 City, State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	: (왕) 영 : 설년
Hugh Upton at (386) 334-2800 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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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 22, 2018

MARGARET E SWEENEY UPTON FAMILY PARTNERSHIP 555 W GRANADA BLVD., STE G1 ORMOND BEACH, FL 32174

SUBJECT: UPTON FAMILY PARTNERSHIP, LTD.

Ref. Number: A00000000069

We have received your document for UPTON FAMILY PARTNERSHIP, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Partnership. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 418A00017361

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. apton tarrely Partnership Ita.	-	
Name of Limited Partnership or Limited Liability Limited Partnership		
2. 01/05/2000 3. A00000000009	_	
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:	ì	
Trangaset E. Sweezey		
Name		
392 S. atlantie Uve.		
armond Brack Fel. 32176		,
City, State and Zip		
5. The name and Florida street address of the new registered agent and/or office:	3 <u>74</u> 55	e.
Margaret E. Sureney	<u>သ</u>	
555 W Mussela St. X4	<u></u>	Til gib
Florida street address (P.O. Box not acceptable)	ာ့ 	375
City, State and Zip FL 32174	:#	THE STATE OF THE S

6. Such change(s) jis/are effective whey 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 an accept the obligations of my position as registered agent.

Margaret E. Sweery Signature of Registered Agent

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