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Requester's Name

DAVID VENTURES, LTD.
3245 FRONT ROAD
JACKSONVILLE, FL 32257

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) (Document #)

2. _____ (Corporation Name) (Document #)

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*****35.00 *****35.00

3. _____ (Corporation Name) (Document #)

4. _____ (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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FILED

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Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. David Ventures, Ltd.
Name of the limited partnership

2. 1/21/00
Date of filing/registration in Florida

3. A000000000154
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Michael N. Schneider
Name
4215 Southpoint Blvd. #100
Address
Jacksonville, FL 32216
City, State and Zip

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

Michael N. Schneider
Name
5150 Belfort Road, Bldg. 100
Florida street address (P.O. Box not acceptable)
Jacksonville, FL 32256
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

David B. Feers
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Paul A. Allen
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00