

A0000000004/0

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

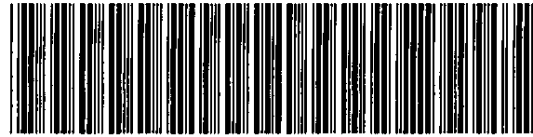
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: DPEC INVERNESS LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A 000000000410

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:

CAROL BELASCO

(Contact Person)

(Firm/Company)

1250 E. Hallandale Beach Blvd, Suite 904

(Address)

Hallandale, Florida 33009

(City, State and Zip Code)

For further information concerning this matter, please call:

CAROL BELASCO

at

(954) 456-7255

(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

INHS04 (01/06)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. DPEC INVERNESS LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03-06-2000 3. A 000000000410
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:

Corpro, Inc.
Name
1250 E. Hallandale Beach Blvd., Suite 904
Address
Hallandale, Florida 33009
City, State and Zip

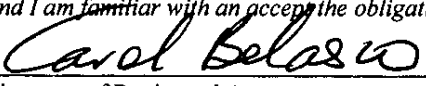
5. The name and Florida street address of the new registered agent and/or office:

CAROL BELASCO
Name
1250 E. Hallandale Beach Blvd., Suite 904
Florida street address (P.O. Box not acceptable)
Hallandale FL 33009
City, State and Zip

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

 8-22-06
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

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

2006 SEP - 1 PM: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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