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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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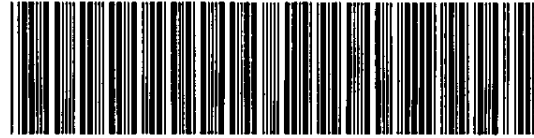
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 24 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poinciana and McLane LTD., LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A00000000924

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:

Theresa Tucci

Contact Person

Poinciana and McLane LTD., LLLP

Firm/Company

One South Orange Ave., Suite 404

Address

Orlando, FL 32801

City, State and Zip Code

theresa@markaymanagementinc.com

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

For further information concerning this matter, please call:

Theresa Tucci

Name of Contact Person

at (407) 206-2000

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. Poinciana and McLane LTD., LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 6/7/2000 3. A00000000924
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:

Pamela Price
Name
301 East Pine St, Suite 1400
Address
Orlando, FL 32801
City, State and Zip

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

Trevor Arnold
Name
301 East Pine St., Suite 1400
Florida street address (P.O. Box not acceptable)
Orlando FL 32801
City, State and Zip

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

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TALLAHASSEE, FLORIDA