

A00000001216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 19 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.M.F. Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A00000001216

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:

Christian M. Fleming

Contact Person

Fleming & Fleming, PLLC

Firm/Company

11891 US Highway One, Suite 100

Address

North Palm Beach, FL 33408

City, State and Zip Code

cfleming@lawpalmbeach.com

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

For further information concerning this matter, please call:

Christian M. Fleming

Name of Contact Person

at (561)

622-2700

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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**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. B.M.F. Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/27/2000 3. A00000001216
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:

Joshua M. Fleming
Name

2 Carrick Road
Address

Palm Beach Gardens, FL 33418
City, State and Zip

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

Christian M. Fleming
Name

1 Cypress Cove
Florida street address (P.O. Box not acceptable)

Palm Beach Gardens FL 33418
City, State and Zip

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

Barbara M. Flein
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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