

A00000001222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

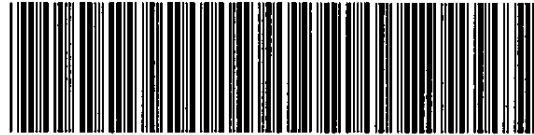
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REACHFAR BROTHERS, LTD.
(Name of Corporation)

DOCUMENT NUMBER: A00000001222

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

J Figg
(Name of Contact Person)

(Firm/Company)

P O BOX 593774
(Address)

ORLANDO FL 32859
(City/State and Zip Code)

For further information concerning this matter, please call:

J Figg at ()
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2007

J FIGG
P.O. BOX 593774
ORLANDO, FL 32859

SUBJECT: REACHFAR BROTHERS, LTD.
Ref. Number: A00000001222

We have received your document for REACHFAR BROTHERS, 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).

There is a balance due of \$17.50.

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) 245-6967.

Leslie Sellers
Document Specialist

Letter Number: 607A00054961

**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. Reachfar Brothers Ltd

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/04/2000

Date of filing/registration in Florida

3. A00000001222

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:

ADAMS, TARQUIN J

Name

1510 E COLONIAL DRIVE, SUITE 210

Address

ORLANDO FL 32803 US

City, State and Zip

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

Clive Kinsella

Name

9622 Cypress Pine Street

Florida street address (P.O. Box not acceptable)

ORLANDO FL FL 32827

City, State and Zip

6. Such change(s) is/are effective when 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 and accept the obligations of my position as registered agent.

C Kinsella
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

FILED