

A000000001929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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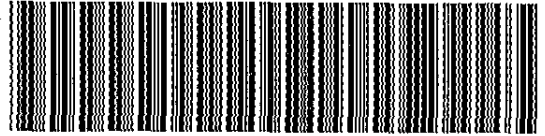
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

TO: \* Amendment Section  
\* Division of Corporations

SUBJECT: Flea Market of Ortiz Avenue Limited Partnership  
(Name of corporation)

DOCUMENT NUMBER: A00000001929

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:

Mary Vlasak Snell, Esq.

(Name of person)

The Pavese Law Firm

(Name of firm/company)

P.O. Drawer 1507

(Address)

Fort Myers, FL 33902

(City/state and zip code)

For further information concerning this matter, please call:

Mary Vlasak Snell, Esq.

(Name of person)

at

( 239 ) 336-6255

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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. Flea Market of Ortiz Avenue Limited Partnership

Name of the limited partnership

2. 12/14/00

Date of filing/registration in Florida

3. A00000001929

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:

James L. Collins

Name

4250 Perth Court

Address

Fort Myers, FL 33903

City, State and Zip

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

Barbara R. Collins

Name

4250 Perth Court

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

Fort Myers, FL 33903

City, State and Zip

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

Barbara R. Collins  
Signature of General Partner Barbara R. Collins

*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.*

Barbara R. Collins  
Signature of Registered Agent Barbara R. Collins

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**

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