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DEPARTMENT OF STATE DIVISION OF CURPORATIONS TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

11 DEC 22 AN 80 02



CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 TADEC 22 M 802

Re:

Order #: 8336804 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Hampton Point Limited Partnership (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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.

change its regi	istered office of registered agent, o	i boin, in the state	of Florida.	
1.	HAMPTON POINT L	IMITED PARTNE	RSHIP	
	Name of Limited Partnership or Li	mited Liability Lin	nited Partnership	
2.	01/09/2001	3	A01000000041	
Date of filing/registration in Florida			Florida document numbe	:r
4. The name of Department of S	the registered agent and the registered State:	d office address as	shown on the records of	the Florid
	W. TERRY CO	OSTOLO, ESQ.		
	Na	ime		
	301 E PINE S	ST., STE 1400		
	Ado	dress		
	ORLAND	O FL 32801		
	City, Star	te and Zip		
5. The name an	d Florida street address of the new reg	gistered agent and/o	or office:	
	C T Corpora	ation System		
	Na	ame		
	1200 South Pin	ne Island Road		
	Florida street address (F	O. Box not accept	able)	
	Plantation,	FL_	33324	
	City, Stat	te and Zip		
KWXZ	(s) is/are effective when filed by the F	lorida Department	of State.	
Signature of Ge		MOTON BOINT I	I.C. ita CD	
I hereby accept	tin Bolden, Manager of PICERNE HA the appointment as registered agent a	nd agree to act in t	his capacity. I further a	
	provisions of all statutes relative to the with an accept the obligations of my			duties,
Jan m	James M. Ha	lpin	rea ageni.	
Signature of Re	gistered Agent Assistant Secret	ary		
Filing Fee: Certified Co	\$35.00 py (optional): \$52.50			