## A0100000240

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	; #)		
Pick-up	☐ WAIT	MAIL		
(Bus	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			

Office Use Only

B. KOHR

DEC 2 7 2011

EXAMINER



600215474966

12/22/11--01042--013 \*\*35.00

RECEIVED

11 DEC 22 PM 1: 21

DEFARTING OF STATE
DIVISION OF SEPTEMBRIDA





## **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

Re:

Order #: 8336804 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Woodland 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 registe	ered office or registered agent, or	r both, in the state	e of Florida.	
1.	WOODLAND POINT L	IMITED PARTNI	ERSHIP	
···	Name of Limited Partnership or Lin	mited Liability Lin	nited Partners	ship
2.	02/16/2001	3	3. A01000000240	
Date of filing/registration in Florida		]	Florida document number	
4. The name of th Department of Sta	e registered agent and the registered te:	office address as	shown on the	records of the Florida
	B&C CORPORATE SERVIC	ES OF CENTRAL	FLORIDA	
	Na	me		
	390 NORTH ORANGE	AVENUE, SUITE	1400	
	Add	ress		
	ORLANDO			
	City, State	e and Zip		
5. The name and I	Florida street address of the new reg	istered agent and/o	or office:	
	C T Corpora	tion System		
	Nai	me		
	1200 South Pin	e Island Road		
	Florida street address (P	.O. Box not accept	able)	
	Plantation,	FL	33324	
	City, State	e and Zip		
6. Such change(s)	is/are effective when filed by the Fl	orida Department	of State.	
KINXED	Sil			,
Signature of Gener	ral Partner			
comply with the pr and I am familiar M	Kristin Bolden, Manager of WO e appointment as registered agent ar ovisions of all statutes relative to the with an accept the obligations of my James M. Hal tered Agent Assistant Secreta	nd agree to act in t e proper and comp position as registe <b>pin</b>	his capacity. olete perform	I further agree to ance of my duties,
. <b></b>		•		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50