

AD1000000413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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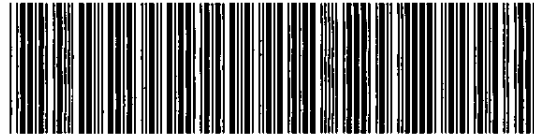
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 7 2009

EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Ozaki Family Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A01000000413

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:

C. Keith Ozaki, M.D., General Partner

(Contact Person)

Ozaki Family Limited Partnership

(Firm/Company)

8 Upland Road, #2

(Address)

Brookline, MA 02445

(City, State and Zip Code)

For further information concerning this matter, please call:

C. Keith Ozaki, M.D.

(Name of Contact Person)

at

(617)

383-5366

(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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TALLAHASSEE, FLORIDA

**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. Ozaki Family Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. March 21, 2001

Date of filing/registration in Florida

3. A01000000413

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:

C. Keith Ozaki

Name

4164 NW 38th Street

Address

Gainesville, FL 32606

City, State and Zip

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

Charles T. Ozaki

Name

944 Elder Lane

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

Jacksonville FL 32207

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 an accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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