

AO1000000544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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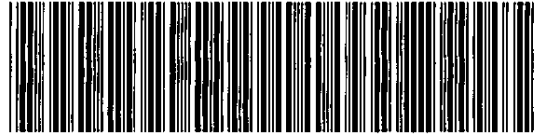
(Business Entity Name)

(Document Number)

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S. HAWKES
SECRETARY OF THE
TALAHASSEE
MAY 06 2009
EXAMINER



**CAPITOL
SERVICES**

**Limited Partnership Statement of Change
of Registered Office or Registered Agent,
or Both**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitolservices.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 4/30/2009
STATE: FLORIDA
REP UNIT: CYPRESS LENDING GROUP, LTD.

Enclosed for filing please find a Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for the above referenced name, which is to be filed in your office. Enclosed is check #16240 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Capitol Corporate Services, Inc.
Registered Agent Services



13-2299J

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS LENDING GROUP, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A01000000544

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:

Myra Homer

(Contact Person)

Capitol Corporate Services, Inc.

(Firm/Company)

800 Brazos, Suite 400

(Address)

Austin, Texas 78701

(City, State and Zip Code)

For further information concerning this matter, please call:

Myra Homer

(Name of Contact Person)

at (800)

345-4647

(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

INHS04 (01/06)

**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. CYPRESS LENDING GROUP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/19/2001
Date of filing/registration in Florida

3. A01000000544
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:

Robert P. Grammen
Name
9180 Galleria Court, Ste. 600
Address
Naples, FL 34109
City, State and Zip

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

CAPITOL CORPORATE SERVICES, INC.
Name
155 OFFICE PLZ DR STE A
Florida street address (P.O. Box not acceptable)
TALLAHASSEE FL 32301
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.

Delanie Case Delanie Case, Asst. Secretary on Behalf of Capitol Corporate Services, Inc.
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
09 MAY -4 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA