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Requester's Name

STEPHEN M. KNAPP  
ATTORNEY AT LAW  
P.O. BOX 6422  
LAKELAND, FL 33807-6422

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. OUR DIRTWORKS, LLLP  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

600004775596--6  
-01/15/02--01045--009  
\*\*\*\*105.00 \*\*\*\*35.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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DIVISION OF CORPORATIONS

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Examiner's Initials

Zp

**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. OUR DIRTWORKS, LLLP  
Name of the limited partnership
2. August 29, 2001  
Date of filing/registration in Florida
3. A01000001160  
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:

LARRY RUSCH  
Name  
1116 COUNTRY CLOSE DRIVE  
Address  
LUTZ, FL  
City, State and Zip

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

STEPHEN M. KNAPP  
Name  
5417 SOUTH FLORIDA AVENUE  
Florida street address (P.O. Box not acceptable)  
LAKELAND FL 33813  
City, State and Zip

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

Larry Rusch  
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. 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.*

Stephen M Knapp  
Signature of Registered Agent

**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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DIVISION OF CORPORATIONS  
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