A01000001379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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CONTACT: MICHELE HOLDEN

DATE: 09/29/09

REF. #: 000409.111014

CORP. NAME: SOUTHERN GOLF PARTNERS, LLLP

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

(XX) OTHER: CHANGE OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 53194 **FOR $** 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

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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. SOUTHERN GOLF PARTNERS, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/11/2001
Date of filing/registration in Florida

3. A01000001379
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:

GORDON, LEWIS
Name

4370 NAUTILUS DRIVE
Address

MIAMI BEACH FL 33140 US
City, State and Zip

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

CORPDIRECT AGENTS, INC.
Name

515 EAST PARK AVENUE
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
Bruce W. Quinn

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.

Michelle Holden, Asst. Sec.
Signature of Registered Agent

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