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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ERDMAN FAMILY LIMITED	PARTNERSHIP II	
	hip or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A01000001	674	
The enclosed Statement of Change of Regfee(s) are submitted for filing.	gistered Office and/or Registered Agent and	
Please return all correspondence concerni	ing this matter to:	
D'ARCY ERDMAN		
Contact Person		
Firm/Company		
27008 OAKWOOD LAKE DR		
Address		
BONITA SPRINGS, FL 34134		
City, State and Zip Code		
DAWN@RAMPCREEK COM		
DAWN@RAMPCREEK.COM E-mail address: (to be used for future annua	l report notification)	
For further information concerning this n	natter, please call:	
DAWN PALYA-MAHARRY	at (740) 281-3236	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable	e to the Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

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.

	LY LIMITED PARTNERSHI		Limited Partnership	
2. 12/21/2001		3.	A01000001674	
_ ·	registration in Florida	<u>ی</u>	Florida document number	
4. The name of the reg Department of State:	istered agent and the registered o	office address	s as shown on the records of the Flo	orida
_	CHARLES J ERDMAN, J	IR		
_	Nam	е	····	
	27008 OAKWOOD LAKE	E DR		
-	Addre			
	BONITA SPRINGS, FL 3	34134	***	
	City, State			, =
5. The name and Florid	da street address of the new regis	stered agent a	and/or office:	834 o
_	D'ARCY ERDMAN			1
	Nam	е		70
	27008 OAKWOOD LAK	E DR	707	₹.
-	Florida street address (P.C	D. Box not ac	cceptable)	·-
	BONITA SPRINGS,	F	FL 34134	_
,	City, State			
6. Such change(s) is/ar Signature of General Pa	e effective when filed by the Flo	rida Departm	nent of State.	
comply with the provisi	ointment as registered agent and ons of all statutes relative to the an accept the obligations of my p	proper and o	t in this capacity. I further agree to complete performance of my duties, gistered agent.	,
Signature of Registered	Agent			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50