

7  
A0200000584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

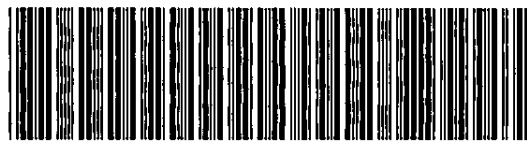
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MAY - 6 2016

A. LUNT

Office Use Only



300259253863

04/22/14--01021--012 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 29 PM 12:30

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE PLATTS FAMILY LIMITED PARTNERSHIP NO. II  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A02000001584

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:

Hunter B. Craig, Esquire  
Contact Person  
Witte & Craig, P.A.  
Firm/Company  
201 S.E. 24th Avenue  
Address  
Pompano Beach, FL 33062  
City, State and Zip Code  
hbcraig@witteandcraig.com  
E-mail address: (to be used for future annual report notification)

FILED  
2014 APR 29 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Hunter B. Craig, Esquire at ( 954 ) 941-5533  
Name of Contact Person 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

**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. THE PLATTS FAMILY LIMITED PARTNERSHIP NO. II  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/02/2002 3. A02000001584  
Date of filing/registration in Florida 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:

NEWMAN, THOMAS L ESQ  
Name  
1877 S FEDERAL HIGHWAY, SUITE 304  
Address  
BOCA RATON, FL 33432  
City, State and Zip

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

Hunter B. Craig, Esquire  
Name  
201 S.E. 24th Avenue  
Florida street address (P.O. Box not acceptable)  
Pompano Beach FL 33062  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Barbara A. Platts  
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.*

Hunter B. Craig  
Signature of Registered Agent

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

FILED  
2014 APR 29 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA