

#A030000000899

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 17 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2013

FIVE FRITZ PARTNERS LIMITED PARTNERSHIP
JOHN C FRITZ
2612 OAK GROVE AVE.
ST. AUGUSTINE, FL 32092

SUBJECT: FIVE FRITZ PARTNERS LIMITED PARTNERSHIP
Ref. Number: A03000000899

We have received your document for FIVE FRITZ PARTNERS LIMITED PARTNERSHIP and check(s) totaling \$25.00 of which \$25.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$10.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 713A00020616

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIVE FRITZ PARTNERS LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000000899

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:

JOHN C FRITZ
Contact Person

FIVE FRITZ PARTNERS LIMITED PARTNERSHIP
Firm/Company

2612 OAK GROVE AVE
Address

ST. AUGUSTINE, FL. 32092
City, State and Zip Code

JOHN.FRITZ@BELL.SOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN C FRITZ at (904) 940-7715
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. FIVE FRITZ PARTNERS LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/13/2003
Date of filing/registration in Florida

3. A03000000899
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:

LESTER B. LAW ESP.
CO CRAFT FRICKIN PEARSON ATHAN E CROWN
Name

5551 RIDGEWOOD DR. SUITE 501
Address

NAPLES, FL 34108
City, State and Zip

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

JOHN C FRITZ
Name

2612 OAK GROVE AVE
Florida street address (P.O. Box not acceptable)

ST AUGUSTINE FL 32092
City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

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

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13 SEP 13 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA