

A0300000 1078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/31/05 11:00 AM

FAMILY
WEALTH
COUNSEL®

7030 South Yale, Suite 300 Tulsa, Oklahoma 74136 Tel: 918.493.2584 Fax: 918.493.1667 www.familywealthcounsel.com

May 26, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: . Statement of Change of Registered Agent's Address for
Carballo Charitable Ltd.

Dear Madam or Sir:

Enclosed please find an original Statement of Change of Registered Agent and/or Registered Office. Please file this document and return a "filed" copy to the undersigned at your earliest convenience. A prepaid self-addressed envelope is closed. Also enclosed is a check in the amount of \$35.00 for your fee.

Should you have any questions, please contact me.

Very truly yours,

FAMILY WEALTH COUNSEL PLC

Diane Byrom

Diane Byrom
Legal Assistant

/db
Enclosures



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 8, 2005

FAMILY WEALTH COUNSEL
7030 S YALE AVE STE 300
TULSA, OK 74136

SUBJECT: CARBALLO CHARITABLE LTD.
Ref. Number: A03000001078

We have received your document for CARBALLO CHARITABLE LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

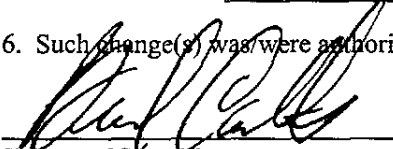
Marsha Thomas
Document Specialist

Letter Number: 705A00040169

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

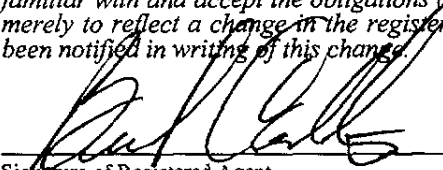
Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. **Carballo Charitable Ltd.**
Name of the limited partnership
2. **July 29, 2003** 3. **A03000001078**
Date of filing/registration in Florida 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:
Bernard A. Carballo
Name
384 Eagle Drive
Address
Jupiter, Florida 33477
City, State and Zip
5. The name and address of the new registered agent and/or office:
Bernard A. Carballo
Name
129 Commodore Drive
Florida street address (P.O. Box not acceptable)
Jupiter, FL 33477
City, State and Zip
6. Such change(s) was/were authorized by the general partners.



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.



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**