

A03000001277

(Requestor's Name)

MERCURY INSURANCE GROUP

1901 ULMERTON ROAD
SIXTH FLOOR
CLEARWATER, FLORIDA 33762-2307

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

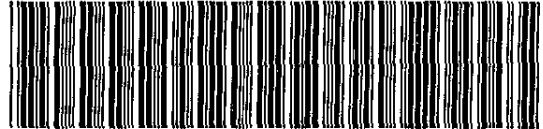
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/10 R/A change

A03-1277

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. SHORE LINE FINANCIAL LLLP
Name of the limited partnership

2. 8-29-03
Date of filing/registration in Florida

3. A03000001277
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:

ROBERT E. CHILDRESS
Name
8701 MERRIMORE BLVD E.
Address
LARGO, FL 33777
City, State and Zip

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

JACK DOUGHERTY
Name
7020 SOUTH SHORE DR.
Florida street address (P.O. Box not acceptable)
SOUTH PASADENA, FL 33707
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Jack Dougherty
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.

Jack Dougherty
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

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TALLAHASSEE, FLORIDA

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