

A030000001616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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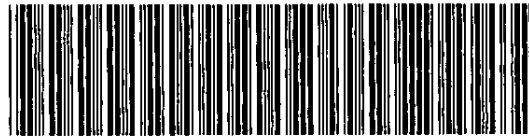
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 20 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JARRETT PROPERTIES II LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000001616

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:

P. HUTCHISON BROCK, II, ESQUIRE

Contact Person

BROCK LAW, LLC

Firm/Company

2145 CYPRESS RIDGE BLVD, #202

Address

WESLEY CHAPEL, FL 33544

City, State and Zip Code

HBROCK@BROCK-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HUTCH BROCK

Name of Contact Person

at (813)

333-7267

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. JARRETT PROPERTIES II LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11-17-2003 3. A03000001616
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:

LEONARD H. JOHNSON
Name
37837 MERIDIAN AVE, #314
Address
DADE CITY, FL 33525
City, State and Zip

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

P. HUTCHISON BROCK, II
Name
2145 CYPRESS RIDGE BLVD, #202
Florida street address (P.O. Box not acceptable)
WESLEY CHAPEL FL 33544
City, State and Zip

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


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 am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

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

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