

A03 000000 1714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

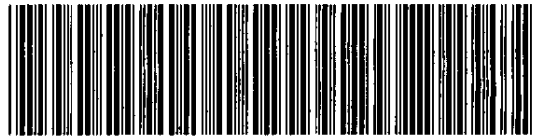
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SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 18 PM 1:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christie Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A03000001714

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:

Todd E. Christie

Contact Person

Firm/Company

8586 Eden Isles Ln

Address

Merritt Island, FL 32952

City, State and Zip Code

tchristie102471@gmail.com

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

For further information concerning this matter, please call:

Todd Christie

Name of Contact Person

at (321)

412-3239

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. Christie Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/14/2009 3. A03000001714
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:

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2525
City, State and Zip

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

Todd Christie
Name
8586 Eden Isles Ln
Florida street address (P.O. Box not acceptable)
Merritt Island FL 32952
City, State and Zip

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

The Christie Corp Inc. / Todd Christie President
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.

Todd E. Christie
Signature of Registered Agent

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

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