

**A040000000344**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

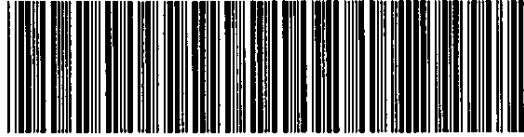
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**600270506936**

03/23/15--01016--009 \*\*35.00

**FILED**  
15 MAR 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 15 2015

**T. HAMPTON**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Burke Properties, LLLP  
Name of Corporation

**DOCUMENT NUMBER:** A04000000344

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kellie M. Feyas

Name of Contact Person

Burke Properties, LLLP

Firm/Company

16886 W. Epson Drive

Address

Loxahatchee, FL 33470

City/State and Zip Code

Loxadog@bellsouth.net

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

For further information concerning this matter, please call:

Kellie M. Feyas

Name of Contact Person

at ( 561 ) 793-3785

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Burke Properties, LLLP
2. The principal office address: 170 N. Elm Street  
LaBelle, FL 33935
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03-03-04 Document number: A04000000344
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

William C. Burke  
170 N. Elm Street  
LaBelle, FL 33935

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kellie M. Feyas  
16886 W. Epson Drive  
P.O. Box NOT acceptable  
Loxahatchee, FL 33470

FILED  
15 MAR 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

W. C. Burke  
Signature of an officer or director

William C. Burke, General Partner  
Printed or typed name and title

*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 obligation 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 corporation has been notified in writing of this change.*

Kellie M. Feyas  
Signature of Registered Agent

March 18, 2015

Date

If signing on behalf of an entity:

Kellie M. Feyas, LLC Member-Manager  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*