

A040000000687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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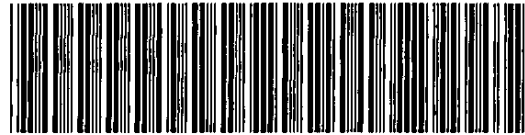
(Business Entity Name)

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DIVISION OF CORPORATIONS
07 MAR - 5 AM 10:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOWBOAT CAR WASH LLP
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: AC4000000687

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:

DAVID DANZESEN
(Contact Person)

SHOWBOAT CAR WASH LLP
(Firm/Company)

520 SO POWER DRIVE BLVD
(Address)

ST AUGUSTINE, FL 32084
(City, State and Zip Code)

For further information concerning this matter, please call:

DAVID DANZESEN at (904) 247-1011
(Name of Contact Person) (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

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**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. SHOWBOAT CAR WASH LLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/13/04 3. A04000000687
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:

BRANT, ABRAHAM, REITER, + McCORMICK PC
Name

50 NO. LAURA ST, Suite 2750
Address

JACKSONVILLE, FL 32201
City, State and Zip

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

KATHRYN DANZEISEN ESQ
Name

25485 MARSH LANDING PKY
Florida street address (P.O. Box not acceptable)

Ponte Vedra FL 32082
City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

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

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