

A04000001132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

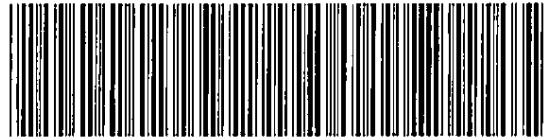
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paddlewheel Properties, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A04000001132

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:

Leon R. Bloodworth

Contact Person

Paddlewheel Properties, LTD

Firm/Company

18 Seventh Street

Address

Apalachicola, FL 32329

City, State and Zip Code

bloodworth.ins@gmail.com

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

For further information concerning this matter, please call:

H. Cranston Pope at (850) 784-9174

Name of Contact Person

Area Code and Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Paddlewheel Properties, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/12/2004

Date of filing/registration in Florida

3. A04000001132

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:

Donald A. Rett

Name

1660 Metropolitan Circle

Address

Tallahassee, FL 32308

City, State and Zip

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

Leon R. Bloodworth

Name

18 Seventh Street

Florida street address (P.O. Box not acceptable)

Apalachicola FL 32329

City, State and Zip

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

Leon R. Bloodworth
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.

Leon R. Bloodworth
Signature of Registered Agent

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

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