Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001055693)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

MAY - \$ 2010

From:

Account Name : LAURENCE C HAMES, ESQ., P. EXAMINER
Account Number : 120090000075

Account Number : I20090000075

Phone : (407) 622-4500 : (407)622-4508 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

lhames@hames-law.com

REGISTERED AGENT CHANGE THE OROPEZA FAMILY LIMITED PARTNERSHIP

and the control of th

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

Filing Fee:

Certified Copy (optional): \$52.50

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	The Oropeza Family Limited Partnership				
	Name of Limited Partnership or Lim	uited Liability I	Limited Partnership		
2.	12/22/2004	3.	A04000002047		
	Date of filing/registration in Florida		Florida document number		
	e name of the registered agent and the registered riment of State:	office address a	as shown on the records of the Flor	ida	
	Laurence (C. Hames			
	Nan				
126 Park Ave South, Suite A					
	Addr	ess			
	Winter Park	, FL 32789			
	City, State	and Zip			
5. Th	e name and Florida street address of the new regi	stered agent and	d/or office:		
	Laurence C	C. Hames			
	Nan	ne			
130 South Park Avenue					
Florida street address (P.O. Box not acceptable)					
	Winter Park	FI	32789		
	City, State	and Zip			
б. Suc	ch change(s) is/are effective when filed by the Flo	orida Departmer	nt of State.		
	work Those	•			
Signat	ture of General Partner				
compt	by accept the appointment as registered agent an ly with the provisions of all statutes relative to the am familiar with an accept the obligations of my	proper and co	mplete performance of my duties.		
Signat	ture of Registered Agent				
			<u>⊼</u>	SE	

\$35.00

O APR 30 AN IO: 3993 ECRETARY OF STATE 55 LLAHASSEE, FLORIDA