Division of Corporations

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Division of Corporations

Fax Number

: (850)205-0380

Account Name : AARON A. FARMER, P.L.

Account Number : I20070000090 Phone

: (239)262-2040

Fax Number

: (239)262-2180

AL

REGISTERED AGENT CHANGE

CHARLEY & SONS, LTD

| Certificate of Status | |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

INHS04 (01/06)

COVER LETTER

| To: Registration Section | | |
|--|-------------------|-------------------------------------|
| Division of Corporations SUBJECT: Charley & Sons, Ltd. | | |
| (Name of Limited Partnership or Lim | ited Liability Li | imited Partnershin) |
| | | Things a section much) |
| DOCUMENT NUMBER: A04000002080 | | |
| | | _ |
| The enclosed Statement of Change of Register | ed Office and | l/or Registered Agent and |
| fee(s) are submitted for filing. | | |
| | | ₩ ~ |
| Please return all correspondence concerning the | is matter to: | |
| | | · 28] |
| Maria C. Ferrao | | 3 5 = |
| | | 001 JUL 23 SECRETARY LLAHASSE |
| (Contact Person) | | m̃~ w̃ |
| Aaron A. Farmer, P.L. | | · F. P. |
| (Firm/Company) | | F |
| 720 Fifth Avenue South, Suite 211 | 1 | STATE LORIDA |
| (Address) | | |
| Naples, FL 34102 | | <i>p</i> |
| (City, State and Zip Code) | | - |
| (, | | |
| | | |
| For further information concerning this matter | , please call: | |
| Maria C. Ferrao | 239 | 262-2040 |
| (Name of Contact Person) | (Area Code | and Daytime Telephone Number) |
| | | |
| Enclosed is a \$35.00 check made payable to the | e Florida Dep | partment of State. |
| | | |
| STREET ADDRESS: | | ING ADDRESS: |
| Registration Section | | ation Section |
| Division of Corporations | | n of Corporations |
| Clifton Building | | ox 6327 |
| 2661 Executive Center Circle | Tallaha | ssee, FL 32314 |
| Tallahassee, FL 32301 | | |

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.

| gent, or both, in the state of Florida. |
|---|
| p or Limited Liability Limited Partnership |
| 3. A0400002080 |
| Florida document number |
| gistered office address as shown on the records of the Florida |
| Boggs Banker PA |
| Name |
| N BAY BLVD., SUITE 600 |
| Address |
| 1108 P.S. 29 |
| ity, State and Zip |
| ity, State and Zip New registered agent and/or office: Ner Ner |
| ner SRY 3 |
| Name |
| ue South, Suite 211 |
| dress (P.O. Box not acceptable) |
| FL 34102 PF 5 |
| ty, State and Zip |
| ry the Florida Department of State. |
| , |
| |
| |
| agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my duties, |
| ns of my position as registered agent. |
| |
| |
| |
| |

Certified Copy (optional): \$52.50