A04147

,						
	(Requestor's Name)					
(Address)						
(Address)						
(Address)						
	•					
•	(City/State/Zip/Phone #)					
PICK-UF	P WAIT	MAIL				
	(Business Entity Name)					
	(Dusiness Enuty Name)					
(Document Number)						
Certified Copies	Certificates of 5	Status				
						
Special Instructions	to Filing Officer:	•				

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COVER LETTER

TO:	Registration Section					
	Division of Corporations					
SUBJ		ssimmee				
	Name of Limited Partne	ership or Lim	ited Liabi	lity Lir	nited Partnership	
DOC	UMENT NUMBER:	A04143				
	nclosed Statement of Change of Fare submitted for filing.	Registered (Office at	nd/or l	Registered Agent and	
Please	e return all correspondence concer	ming this n	natter to	:		
	April Cliche			_		
	Contact Person					
	Kissimmee Homes,	Ltd.		_		
	Firm/Company					
	3111 Paces Mill Rd. Ste	. A-250				
	Address					
	Atlanta, GA 30339	9				
	City, State and Zip Cod	<u></u> е	•	_		
	acliche@hallmark	co.com				
E	-mail address: (to be used for future ann		tification)			
For fu	urther information concerning this	matter, ple	ease call	:		
	April Cliche	at (770)	984-2100x118	
-	Name of Contact Person			and Da	ytime Telephone Number	
Enclo	sed is a \$35.00 check made payab	ole to the F	lorida D	epartr	nent of State.	
STRE	EET ADDRESS:		MAII	LING	ADDRESS:	
	Registration Section		Registration Section			
	ion of Corporations				Corporations	
Clifton Building			P. O. Box 6327			
	Executive Center Circle		Tallal	hassee	e, FL 32314	
Tallah	hassee, 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.

1	Kissimmee	Homes, Ltd	l.		
	Name of Limited Partnership or Li	imited Liability Lir	nited Partnership		
2.	12/31/1974	3.	A04143		
Date of	filing/registration in Florida		Florida document numbe	ent number	
4. The name of t Department of St	he registered agent and the registered ate:	d office address as	shown on the records of	the Florida	
	Susan	Adams			
	Na	ame		ا جند من	
	4040 West Newber	ry Road, Suite	950B	型型の	
		dress			
	Gainesville	e, FL 32607			
		te and Zip		JAN - 7 AM	
5. The name and	Florida street address of the new rep	gistered agent and/	or office:	T . 00	
	The Hallmark (Companies, Ind	o.	OFFI TAIL	
	Na	ame		35	
	4040 West Newberr				
	Florida street address (1	P.O. Box not accep	table)		
	Gainesville,	FL	32607		
	City, Sta	te and Zip			
6. Such change(s	s) is/are effective when filed by the F	Plorida Department	of State.		
Mo	it Western	•			
Signature of Gen	eral Partner	-			
comply with the p	the appointment as registered agent of provisions of all statutes relative to the with an accept the obligations of my statuted Agent	he proper and com	plete performance of my		
Filing Fee: Certified Cop	\$35.00 by (optional): \$52.50				