## A0500000008

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SECRETARY OF STATE OF CORPORATIONS
OR ANIC 13 AM II: 12

J. BRYAN EXAMINER

## **COVER LETTER**

TO: Registration Section			
Division of Corporations	LTD		
SUBJECT: Shoults Family Partnership,	r Limited Liability Limited Partnership)		
·			
DOCUMENT NUMBER: A050000000	)28		
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	istered Office and/or Registered Agent and		
Please return all correspondence concerning	ng this matter to:		
Marion Buckley Shoults			
(Contact Person)	<u> </u>		
Shoults LLC			
(Firm/Company)			
925 Bambi Drive	08 AUG		
(Address)	•		
Destin, FL 32541	î		
(City, State and Zip Code)	W- 0011.		
For further information concerning this ma	•		
Marion Buckley Shoults	at ( 850 ) 837-1389		
(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:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		

INHS04 (01/06)

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.

1. Shoults Fam	nily Partnership, LT	Ď	
Nam	ne of Limited Partnership or L	imited Liability Limited Partn	ership
<sub>2.</sub> 12-30-2004		3. A0500000028	
Date of filing/			cument number
4. The name of the reg Department of State:	istered agent and the registere	ed office address as shown on t	the records of the Florida
	Howard Ray Shou	ılts	
-	N	ame	
!	925 Bambi Drive		စ္တ
-	Ad	dress	_ 
	Destin, FL 32541		G
-	City, Sta	ate and Zip	<u></u> ω
5. The name and Florid	da street address of the new re	egistered agent and/or office:	08 AUG 13 AM II: 13
	Marion Buckley St	noults	
-	N	ame	
	925 Bambi Drive		
-	Florida street address (	P.O. Box not acceptable)	<del></del>
	Destin	<sub>FL</sub> 32541	
-	City, Sta	ate and Zip	<del>_</del>
6. Such change(s) is/ar	re effective when filed by the	Florida Department of State.	
Shoute XXC	, Karin Bucule, artner Kember	Shouth	
Signature of General P	artner Acember		
comply with the provisi	ions of all statutes relative to an accept the obligations of n Ulcy Howit	and agree to act in this capact the proper and complete perfo ny position as registered agent -	rmance of my duties,
Filing Fee: Certified Copy (o)	\$35.00 ptional): \$52.50		