## A0500000618

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
octanica copies continuates of status
Special Instructions to Filing Officer:

Office Use Only



100439040351

11/04/24--01020--006 \*\*35.00



## COVER LETTER

TO: Registration Section Division of Corporations	
•	
SUBJECT: Walnut Bay Partners, LTD.	
Name of Limited Partn	ership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A050000006	18
The enclosed Statement of Change of Fee(s) are submitted for filing.	Registered Office and/or Registered Agent and
Please return all correspondence conce	rning this matter to:
Judy Butz	
Contact Person	
Continental Property Services, Inc.	
Firm/Company	
444 Scabrecze Blvd. #600	
Address	
Daytona Beach, Fl 32118	
City, State and Zip Cod	le
judy@cpsinc.org	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this	s matter, please call:
Judy Butz	at (386 )238-7400 Area Code and Daytime Telephone Number
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payat	ble to the Florida Department of State.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
rananassee, F1, J2314	2417 IN. MICHIOC SHEEL, SUILE 810

Tallahassee, FL 32303

INHS04 (01/06)

## 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.

	·	nited Liability Limited Partnership	
<sub>2.</sub> 03/28/2005	. 03/28/2005 3. A050000006		
Date of filing/registration in Florida		Florida document number	
4. The name of the Department of Stat	registered agent and the registered e:	office address as shown on the reco	ords of the Florida
	Russell Bryant, c/o Continen	ital Property Services, Inc.	
	Nar	•••	
	444 Scabreeze Blvd. #	600	
	Addr	ress	24 M
	Daytona Beach, FL 32	118	10 HO
	City. State	and Zip	SS 9 47 178 95 7 200 178 1- AON 77
5. The name and F	Horida street address of the new regi	stered agent and/or office:	
	Brian Adamson, c/o Continer	ntal Property Services, Inc.	
	Name		SIAIL LORIDA
	444 Seabreeze Blvd. #600		37
	Florida street address (P.	O. Box not acceptable)	
	Daytona Beach	<sub>FL</sub> 32118	
	City. State	and Zip	
5. Such change(s)	is/arg effective when filed by the Fl	orida Department of State.	
1///	En 1000	,	
Signature of Genom	of Pariner		
orginature or Oction	ar i arrici		
comply with the pr	appointment as registered agent ar ovisions of eff statutes relative to the with an accept the obligations of my	e proper and complete performance	
		, , , , ,	
	tered Agent		

Certified Copy (optional): \$52.50