

A0500001239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

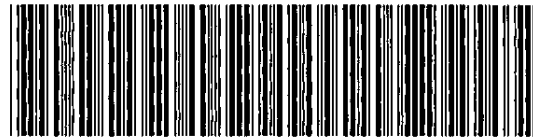
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/14/08--01002--009 **35.00

RECEIVED
08 OCT 13 PM 3:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 OCT 13 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

OCT 14 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: SHORCAL PROPERTIED, LTD.

(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A05000001239

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SHERRIE A. HINES

(Contact Person)

1072 Peninsula Drive

(Firm/Company)

(Address)

ORMOND BEACH FL 32174

(City, State and Zip Code)

For further information concerning this matter, please call:

Sherrie A. Hines

(Name of Contact Person)

at (**386**) **672-7129**

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

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OCT 13 AM 8:35
TALLAHASSEE, FLORIDA

**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. Shorcal Properties, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/17/2005

Date of filing/registration in Florida

3. A05000001239

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

UCC Filing & Search Services, Inc.

Name

1574 Village Sq Blvd Ste 100

Address

Tallahassee FL 32309

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Sherrie A. Hines

Name

1072 Peninsula Drive

Florida street address (P.O. Box not acceptable)

Ormond Beach

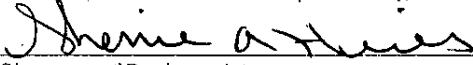
FL 32174

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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CLERK OF STATE
TALLAHASSEE, FLORIDA