

AD50000001500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

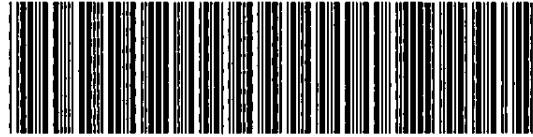
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hambleton Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000001500

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:

KINGSLEY CHARLES

Contact Person

ASCENTIA FE

Firm/Company

12157 W. LINEBAUGH AV Suite 322

Address

TAMPA FL 33626

City, State and Zip Code

CW @ ascentiafe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASEY Wilson

Name of Contact Person

at 813 448 6557

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

**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. Hambleton Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/25/2005 3. A05000001500
Date of filing/registration in Florida Florida document number

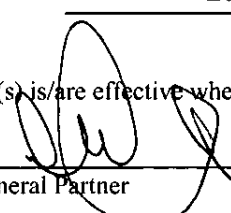
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LASMAN, JEFFREY M
Name
1560 West Cleveland St.
Address
Tampa, FL 33606
City, State and Zip

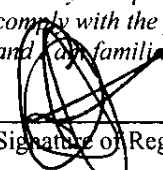
5. The name and Florida street address of the new registered agent and/or office:

InCorp Services, Inc.
Name
17888 67th Court North
Florida street address (P.O. Box not acceptable)
Loxahatchee FL 33470
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.

 on behalf of Incorp Services, Inc.
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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12 SEP - 6 PM 1:50
CLERK OF STATE
TALLAHASSEE, FLORIDA