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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG -9 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WALKER BAGWELL PROPERTIES LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000002243

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:

JAMES BAGWELL

Contact Person

WALKER BAGWELL PROPERTIES LTD

Firm/Company

125 N. BREVARD AVE SUITE A

Address

COCOA BEACH, FL 32931

City, State and Zip Code

WALKERBAGWELL@AOL.COM

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

For further information concerning this matter, please call:

JAMES BAGWELL

Name of Contact Person

at ( 321 )

213-0615

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

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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. WALKER BAGWELL PROPERTIES LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/19/2005  
Date of filing/registration in Florida

3. A05000002243  
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:

JAMES BAGWELL  
Name  
100 N. ORLANDO AVE 201  
Address  
COCOA BEACH, FL 32931  
City, State and Zip

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

JAMES BAGWELL  
Name  
125 N. BREVARD AVE SUITE A  
Florida street address (P.O. Box not acceptable)  
COCOA BEACH FL 32931  
City, State and Zip

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

[Signature]  
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]  
Signature of Registered Agent

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

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