

A05669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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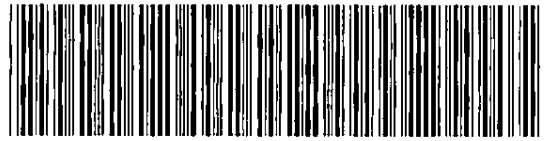
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Polygon Associates LTD.

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05669

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:

Judy Butz

\_\_\_\_\_  
Contact Person

Continental Property Services, Inc.

\_\_\_\_\_  
Firm/Company

444 Seabreeze Blvd. #600

\_\_\_\_\_  
Address

Daytona Beach, FL 32118

\_\_\_\_\_  
City, State and Zip Code

judy@cpsinc.org

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

For further information concerning this matter, please call:

Judy Butz

at ( 386 ) 238-7400

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

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

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. Polygon Associates, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/12/1977 3. A05669  
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:

Russell Bryant, c/o Continental Property Services, Inc.  
Name  
444 Scabreeze Blvd. #600  
Address  
Daytona Beach, FL 32118  
City, State and Zip

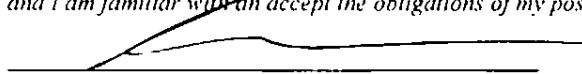
5. The name and Florida street address of the new registered agent and/or office:

Brian Adamson, c/o Continental Property Services, Inc.  
Name  
444 Seabreeze Blvd. #600  
Florida street address (P.O. Box not acceptable)  
Daytona Beach FL 32118  
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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