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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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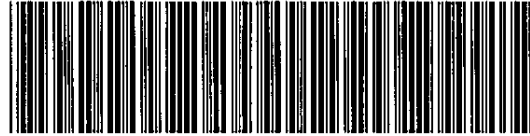
(Business Entity Name)

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TALLAHASSEE FLORIDA

JUN 02 2015

J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parker Shell Creek Family Limited Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000003

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:

WAYNE C. HALL, ESQUIRE

Contact Person

HALL & RHEINGANS, PLLC

Firm/Company

1314 EAST VENICE AVENUE, SUITE E

Address

VENICE, FLORIDA 34285

City, State and Zip Code

debbie@hrlaw1314.com

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

For further information concerning this matter, please call:

WAYNE C. HALL, ESQUIRE

Name of Contact Person

at (941) 480-0999

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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**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. PARKER SHELL CREEK FAMILY LIMITED PARTNERSHIP, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. JANUARY 3, 2006

Date of filing/registration in Florida

3. A06000000003

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 F. PARKER

Name

305 STONE BRIAR CREEK DRIVE

Address

VENICE, FLORIDA 34292

City, State and Zip

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

WAYNE C. HALL, ESQUIRE

Name

1314 EAST VENICE AVENUE, SUITE E

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

VENICE FL 34285

City, State and Zip

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

X *James F. Parker*
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.

Wayne C. Hall
Signature of Registered Agent

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

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