## A06000000718

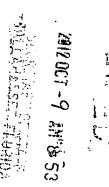
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J. SAULSBERRY EXAMINER

OCT 9 2012

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Clyde Limited Partnership

Name of Corporation

DOCUMENT NUMBER

A06000000718

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

Please return all correspondence concerning this matter to the following:

Richard J. How

Name of Contact Person

How & Associates, LLC

Firm/Company

2180 Immokalee Road, #309

Address

Naples, FL 34110

City/State and Zip Code

dickhow@how-associates.com

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

For further information concerning this matter, please call:

Dick How

.,239

254-1041

Name of Contact Person

Area Code & Daytime Telephone Number

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

**Mailing Address:** 

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

Street Address:

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

## 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. CLYDE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 5-26-3006 3. HOGOCOO+18  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:    Richard I. How
9130 Galleria Ct. #312
Naples, Fl 34109  City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
How + Associates, LLC
2180 Immo Kalee Rd #309  Florida street address (P.O. Box not acceptable)
Naples, Fl FL 34110  City, State and Zip
6. Such change(s) is/arc effective when filed by the Florida Department of State.
Signature of General Partner
thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to domply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
Signature of Registered Agent

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