

A08000000382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700135512657

10/14/08--01016--010 \*\*35.00

FILED  
2008 OCT 14 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L.P. 35.00

CP 10-15

**COVER LETTER**

**TO:** Registration Section

Division of Corporations

**SUBJECT:** SHELMAR FLORIDA PARTNERS GROUP, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

*and 309 charroux Drive  
corp.*

**DOCUMENT NUMBER:** A08000000382

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:

Karen Hodge

(Contact Person)

Cohen, Norris, Scherer, et al

(Firm/Company)

712 U.S. Highway One, Suite 400

(Address)

North Palm Beach, FL 33408

(City, State and Zip Code)

For further information concerning this matter, please call:

Karen Hodge

(Name of Contact Person)

at ( 561 ) 844 3600

(Area Code and Daytime Telephone Number)

Enclosed ~~is~~ *are two checks for* \$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

INHS04 (01/06)

**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. SHELMAR FLORIDA PARTNERS GROUP, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. March 31, 2008

Date of filing/registration in Florida

3. A08000000382

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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, Florida 33324

City, State and Zip

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

Mark Kudlats

Name

309 Charroux Drive

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

Palm Beach Gardens FL 33410

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

2008 OCT 14 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED