

# 5/1/2013 12:58:14 From To: 850-1763883 (1/4)  
Division of Corporations Page 1 of 1  
**A08000000650**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
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REGISTERED AGENT CHANGE  
PALACE FLORIDA PROPERTIES LP

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

K. SALY  
EXAMINER

MAY 22 2013

**\*RE-SUBMIT\***

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850-617-6381

5/17/2013 10:18:39 AM PAGE 1/001 Fax Server



May 17, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

PALACE FLORIDA PROPERTIES LP  
401 CHANNELSIDE DRIVE  
TAMPA, FL 33602

SUBJECT: PALACE FLORIDA PROPERTIES LP  
REF: A08000000650

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form submitted is for a LLC. Please submit a change of Registered Agent form for a Limited Partnership.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H13000110302  
Letter Number: 113A00012428

**\*RE-SUBMIT\***

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date of submission 5/16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALACE FLORIDA PROPERTIES LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A08000000650

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:

Marty Hammock

Contact Person

Vinik Family Operations

Firm/Company

401 E. Jackson Street, Suite 3100

Address

Tampa, FL 33602

City, State and Zip Code

marty@teamvinik.com

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

For further information concerning this matter, please call:

Marty Hammock

Name of Contact Person

at ( 813 )

229-2420  
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

INHS04 (01/06)

FILED  
13 MAY 16 AM 8:21  
SECRETARY OF STATE  
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. PALACE FLORIDA PROPERTIES LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/03/2008 3. A08000000650  
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:

CANTON, ROBERT  
Name  
401 CHANNELSIDE DRIVE  
Address  
TAMPA, FL 33602  
City, State and Zip

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

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

6. Signer's Signature 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 of Registered Agent

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