## A0800000978

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ALLAHASSEE FINATE

D. BRUCE
DEC 4 2009
EXAMINER

## **COVER LETTER**

Division o	f Corporations				
SUBJECT:		Family Partnership, LLLP			
	Name of Limited Partne	ership or Limited Liability Limited Part	tnership		
DOCUMENT NO	J <b>MBER:</b> _	A0800000978			
The enclosed State fee(s) are submitted	_	Registered Office and/or Register	red Agent and		
Please return all co	orrespondence conce	rning this matter to:			
Jenta R. Wyatt	, General Partner, i	Registered Agent_	<b>-1</b>		
	Contact Person		09 DEC SECRET ALLAHA		
	Firm/Company	<del></del>	AS AS		
	100 Tradewinds Dri	ive	SEE SEE		
	Address				
Indiar	Harbour Beach, F	L 32937	DEC -3 AM II: 20 CRETARY OF STATE LAHASSEE, FLORIDA		
	City, State and Zip Code	e	A A		
	jenta1@prodig				
E-mail address:	(to be used for future ann	ual report notification)			
For further inform	ation concerning this	matter, please call:			
Jen	ta R. Wyatt	at ( 321 ) 77	73-6203		
Name of Cor		Area Code and Daytime Tel	lephone Number		
Enclosed is a \$35.	00 check made payab	ole to the Florida Department of S	State.		
STREET ADDRI	ESS:	MAILING ADDR	ESS:		
Registration Section			Registration Section		
Division of Corpo		——————————————————————————————————————	Division of Corporations		
Clifton Building		P. O. Box 6327			
2661 Executive Co		Tallahassee, FL 32	314		
Tallahassee, FL 3	2301				

## 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	Wyatt Family Par			<u>.</u>
Na	ume of Limited Partnership or Limit	ed Liability L	imited Partnersh	ip
2. Nove	ember 25, 2008	3	A08000	
Date of filing	yregistration in Florida		Florida docume	nt number
4. The name of the re Department of State:	egistered agent and the registered of	fice address a	s shown on the r	ecords of the Florida
	Jenta R. Wyatt, General F	artner. Re	eaistered Ac	
	Name		<u></u>	
	1850 Atlantic S	treet, #123	3	
	Addres		<del>*************************************</del>	
	Melbourne Beac	h, Fl 3295	51	
	City, State a	nd Zip		27
5. The name and Flor	rida street address of the new registe	ered agent and	d/or office:	O9 D SECR
	Jenta R. Wyatt, Registered	d Agent, G	eneral Pag	EC F
	Name		···	SE X
	100 Tradewin	ds Drive		T € P
	Florida street address (P.O.	Box not acce	eptable)	AH II: 2 OF STAI
	Indian Harbour Beac	h, <sub>FL</sub>	32937	20 RIDE
	City, State a	nd Zip		12
6. Such change(s) is/	are effective when filed by the Flori	da Departmei	nt of State.	
1. + 0	7/ 4	-		
Signature of General	COYALL Partoler			
comply with the provi	ppointment as registered agent and sisters of all statutes relative to the p	roper and co	mplete perfor <mark>m</mark> ai	
and I gm familiar with	h an accept the obligations of my po	sition as regi	stered agent.	
Lenla K.	Wyatt			
Signature of Registere	ed Agent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50