## A08150

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (D.)                    |                   |             |
| (Bu                     | siness Entity Nar | nej         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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CORTARY OF STATE
AND ASSEE FLORIDA.

S Warren DEC 0 2 2016



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: November 29, 2016

Order#: 356341-098

Re: GOLDEN CREST LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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                                    | GOLDEN CREST LIMIT  | ED PART                                      | <u> </u>        | <u>IP</u>                                |
|--------------------------------------|---|--|-----------------|--|
|                                      | Name of Limited Partnership or Limit  | ed Liability Lit                             | nited Partners  | hip                                      |
| 2.                                   | 11/20/1979  | 3.   | A08             | 150                                      |
| Date of f                            | iling/registration in Florida   |  | Florida docun   | nent number                              |
| 4. The name of the Department of Sta | he registered agent and the registered of ate:                                      | fice address as                              | shown on the    | records of the Florida                   |
|                                      | BRANDYWINE FINANCIA Name  | L SERVICE                                    | S CORP.         |  |
|                                      | 2631 MCCORMI  | CK DRIVE                                     |                 |  |
|                                      | Addres  | s  |                 |  |
|                                      | CLEARWATER  | FL   | 33759           |  |
|                                      | City, State a   | nd Zip                                       |                 |  |
| 5. The name and                      | Florida street address of the new registe   | ered agent and/                              | or office:      |  |
|                                      | Corporation Service   | e Compan                                     | у               |  |
|                                      | Name  |  |                 | RETIARY OF THASSET.                      |
|                                      | 1201 Hays   | Street                                       |                 | ्रीच ७ 😃                                 |
|                                      | Florida street address (P.O.  | Box not accep                                | table)          | STA<br>LCOR                              |
|                                      | Tallahassee   | FL   | 32301           | 40%<br>3.11%<br><b>6.1</b>               |
|                                      | City, State a   | nd Zip                                       | ·               | -  |
| Such change(s                        | ) is/are effective when filed by the Flori  | da Department                                | of State.       |  |
| $X_{i}$                              | bill Cilmi Vice Pres  | ident on behalf (                            | of Brandywine ( | Corporation, its General Par             |
| Signature of Gene                    | <u> </u>  |  | ,               | 00.50.00.00.00.00.00.00.00.00.00.00.00.0 |
| comply with the p                    | ne appointment as registered agent and provisions of all statutes relative to the p | roper and com                                | plete perform   |  |
| and I am familiar<br>Corpo           | with an accept the obligations of my population service Company  Grace E. K.        | <i>sition as regisi</i><br>irby, Assistant V |                 |  |
| Signature of Regi                    | stered Agent  |  |                 |  |
|                                      |   |  |                 |  |
|                                      |   |  |                 |  |

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50