Division of Corporations Electronic Filing Cover Sheet

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(((H110002354473)))



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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

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Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

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REGISTERED AGENT CHANGE

KOESTNER FAMILY LIMITED PARTNERSHIP

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SEP 28 2011

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Corporate Filing Menu

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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. KOESTNER FAMILY LIM	ITED PART	NERSHIP	
Name of Limited Partnership or Limited			_
2. 09/10/2009	3.	A09000000849	
Date of filing/registration in Florida	Flor	rida document number	_
4. The name of the registered agent and the registered offi Department of State:	ice address sa sho	wn on the records of the Florid	la
CARLSON, CYN	THIA ESQ		
Name			
1185 IMMOKAL	EE ROAD		
Address			
NAPLES FL 34	4110 US		
City, State and	d Zip	Ž.	2
5. The name and Florida street address of the new register	red agent and/or o	office:	S 22
NRAI Services, Inc.		二 ————————————————————————————————————	SEP 27
Name			§ 27
515 East Park Avenue			
Florida street address (P.O.)	Box not acceptab	(a)	Λ
Tallahessee	FL 32	<u>301 </u> 윤	
City, State and	d Zip	Qr A	17) 6 7)
6. Such change (a) Is/are affective when filed by the Florid	da Department of	State.	
Anner di General Pariner			
I heraby accept the appointment as registered again and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the provisi	oper and comple	te performance of my duties,	
Filing Fee: \$35.00 Certified Copy (optional): \$52.50			