

A110000000135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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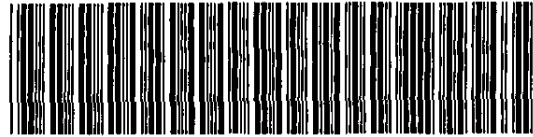
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 28 2013

T. HAMPTON



**CAPITOL
SERVICES**

**Limited Partnership Statement of Change
of Registered Office or Registered Agent,
or Both**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3622
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 2/24/2014
STATE: FLORIDA
REP UNIT: MC DADE, L.P.

Enclosed for filing please find a Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both for the above referenced name, which is to be filed in your office. Enclosed is check #24786 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



13-32308D

**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. MC DADE, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/11/2011

Date of filing/registration in Florida

3. A11000000135

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:

Agent Resigned

CAPITOL CORPORATE SERVICES, INC.

155 OFFICE PLAZA DRIVE

SUITE A

RESIGNED: 12/31/13

TALLAHASSEE, FL 32301 US

City

State

Zip Code

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

Capitol Corporate Services, Inc.

Name

155 Office Plaza Drive, Suite A

Street Address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

City

State

Zip Code

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

Jason Fischer, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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