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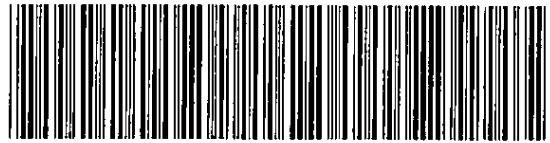
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HARRELL FAMILY PARTNERSHIP #1, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A11000000781

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:

TIMOTHY D. HARRELL

Contact Person

Firm/Company

2908 Plant St.

Address

Tallahassee, FL 32304

City, State and Zip Code

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

For further information concerning this matter, please call:

Angela B. Harrell

at ( 850 ) 556-3681

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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. HARRELL FAMILY PARTNERSHIP #1, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/01/2011

Date of filing/registration in Florida

3. A11000000781

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:

JESSICA MCGREW

Name

2810 Remington Green Circle

Address

Tallahassee, FL 32308

City, State and Zip

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

CHRISTINE SUE COOK, LLC

Name

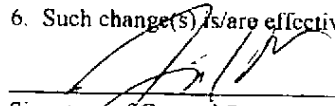
1417 W. Garden St.

Florida street address (P.O. Box not acceptable)

Pensacola FL 32502

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
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**

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TALLAHASSEE, FL  
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