

A12000000032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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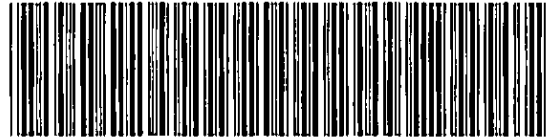
(Business Entity Name)

(Document Number)

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D BRUCE
OCT 06 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DCP Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A12000000032

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:

C. David Peacock
Contact Person
DCP Family Limited Partnership
Firm/Company
20 Towne Dr., Ste 113
Address
Bluffton, SC 29910
City, State and Zip Code
pkox@bellsouth.net
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

C. David Peacock at (843) 707-6668
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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. DCP Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/20/2012 3. A12000000032
Date of filing/registration in Florida 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:

Watson Sewell, PL
Name
5365 E. CO. Hwy. 30A, Sute 105
Address
Seagrove Beach, FL. 32459
City, State and Zip

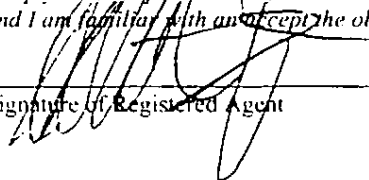
5. The name and Florida street address of the new registered agent and/or office:

The Critzer Law Firm, P.A.
Name
12889 US Highway 98 W. Unit 110A
Florida street address (P.O. Box not acceptable)
Miramar Beach FL 32550-3241
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 FLORIDA