

A12000 000 494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

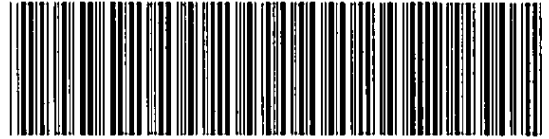
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smith Lawson Family Limited Partnership, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A12000000494

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:

Stephen Syfrett

Contact Person

Syfrett Law PLLC

Firm/Company

502 Harmon Ave

Address

Panama City, FL 32401

City, State and Zip Code

syfrettlaw@gmail.com

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

For further information concerning this matter, please call:

Stephen Syfrett

Name of Contact Person

at (850) 692-9612

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. Smith Lawson Family Limited Partnership LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/22/2012

Date of filing/registration in Florida

3. A12000000494

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:

John W. Roberts

Name

12273 US Highway 98 West, Suite 204

Address

Miramar Beach, FL 32550

City, State and Zip

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

Syfrett Law PLLC

Name

502 Harmon Ave

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

Panama City FL 32401

City, State and Zip

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

William Smith

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.

Stephen Syfrett

Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50