

3/21/2014 11:46:46 From: To: 855-617-6383

Division of Corporations

(1/3)

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
A1A SOUTH LLLP**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

14 MAR 21 PM 2:12
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Help J. Stivers MAR 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A1A South LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A13000000706

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:

David D. Sarles
Contact Person
A1A S. LLLP
Firm/Company
121 Lancaster Pl.
Address
St. Augustine, FL 32080
City, State and Zip Code
Arrowdie@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David D. Sarles at (716) 863-1279
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

INHS04 (01/06)

14 MAR 21 AM 8:12
TALLAHASSEE, FLORIDA

**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. A1A South LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/12/2013 3. A13000000706
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:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, Florida 33324
City, State and Zip

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

David Sarles
Name
121 Lancaster Pl
Florida street address (P.O. Box not acceptable)
Saint Augustine FL 32080
City, State and Zip

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

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

FILED
CLERK OF COURT
JAN 21 2014
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JAN 21 2014