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2815 AUG 20 P 2: 33 SECRETARY OF STATE MALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 1666 4TH STREET SOUTH, L.P. Name of Limited Partnership or Limited Liability Limited Partnership						
Name of Limited Partnership or Limited Liability Limited Partnership						
DOCUMENT NUMBER:	A1400000657					
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:					
DANIEL K. WEIDENBRUCH, ESC	l <u>.</u>					
Contact Person						
FISHERBROYLES, LLP						
Firm/Company						
1415 PANTHER LANE, SUITE 315						
Address						
NAPLES, FL 34109						
City, State and Zip Code						
DANIEL.WEIDENBRUCH@FISHERBROYLES.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
DANIEL K. WEIDENBRUCH, ESQ. at (239) 593-6108X5115					
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:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327					
2661 Executive Center Circle	Tallahassee, FL 32314					
Tallahassee, FL 32301						

INHS04 (01/06)

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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	1666 41H STRE				_
	Name of Limited Partnership or Li	mited Liability	Limited Partners	hip	
2	2. 12/02/2014		3. A1400000657 Florida document number		
Date of filing/registration in Florida					
4. The name of Department of	f the registered agent and the registered State:	l office address	as shown on the	records of the Florid	da
	R&A Age	ents, Inc.			
	Na	me			
	850 Park Shor	e Dr., 3rd Fl	loor		
	Add	lress			
	Naples, F	L 34103		18	
	City, Stat	e and Zip		2816 SEC	
5. The name ar	nd Florida street address of the new reg	istered agent a	nd/or office:	AUG 20 CRETARY	
	FisherBro	oyleş LLP		20 \ay SSE	r
	Na	me		T 7	Π
	1415 PANTHER L	ANE, SUIT	E 315	ST. 2	C
	Florida street address (F	O. Box not acc	ceptable)	2: 33 STATE LORIDA	
	NAPLES, FL 34	109 _F	L	» w	
	City, Stat	e and Zip			
6. Such change	e(s) is are effective when filed by the F	lorida Departm	ent of State.		
Signature of Go	eneral Partner				
comply with the and tam famil	t the appointment as registered agent a eprovisions of all statutes relative to the far with an accept the obligations of my neistered Agent	ne proper and c	omplete performa		
Filing Fee: Certified Co	\$35.00 opy (optional): \$52.50				