

A18425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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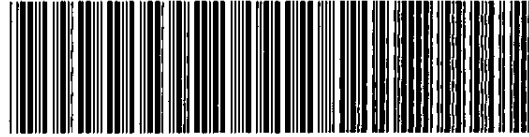
(Business Entity Name)

(Document Number)

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D. BRUCE

AUG 16 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUN POINTE L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A18425

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:

ELISABETH ALONSO

Contact Person

MCKINLEY INC

Firm/Company

320 N MAIN STREET SUITE 200

Address

ANN ARBOR, MI 48104

City, State and Zip Code

ealonso@mckinley.com

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

For further information concerning this matter, please call:

ELISABETH ALONSO

Name of Contact Person

at ( 734 )

769-8520, X194

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

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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. SUN POINTE L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 9/23/2004 3. A18425  
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:

KATHY HENSLEY  
Name

4401 S KIRKMAN ROAD  
Address

ORLANDO, FL 32811  
City, State and Zip

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

HARRY COLLISON  
Name

180 S KNOWLES AVENUE SUITE 3  
Florida street address (P.O. Box not acceptable)

WINTER PARK FL 32789  
City, State and Zip

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

Cheryl Rabbitt  
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