

A21953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

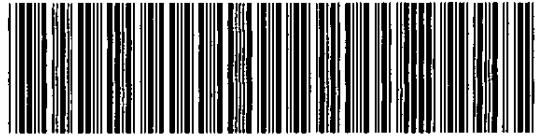
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200165692852

01/19/10--01006--015 **35.00

FILED
10 JAN 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O. O'Connell JAN 20 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocean Shore Plaza Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A21953

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:

Thurman Gillespy, Jr.
Contact Person

Ocean Shore Plaza Ltd.
Firm/Company

880 John Anderson Dr.
Address

Ormond Beach, FL 32176
City, State and Zip Code

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

For further information concerning this matter, please call:

Thurman Gillespy, Jr. at (386-255-4596)
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. Ocean Shore Plaza Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 1/16/86
Date of filing/registration in Florida

3. A21953
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:

Thurman Gillespy, Jr.
Name

1075 Mason Av
Address

Daytona Beach, FL 32117
City, State and Zip

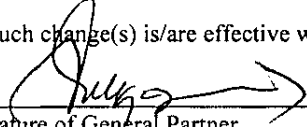
5. The name and Florida street address of the new registered agent and/or office:

Thurman Gillespy, Jr.
Name

880 John Anderson Dr
Florida street address (P.O. Box not acceptable)

Ormond Beach FL 32176
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

FILED
10 JAN 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA