

A 24743

Southfork Investments - Ford

Requester's Name

P.O. Box 5156

Address

Lakeland, FL 33807

City/State/Zip

Phone #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

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-01/13/00--01095--011  
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3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
00 JAN 13 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtu  
1/18

Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SOUTHFORK INVESTMENTS/FUND #7, LTD  
Name of the limited partnership

2. JUNE 24, 1987  
Date of filing/registration in Florida

3. A 24743  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SOUTHFORK INVESTMENTS GROUP, INC.  
Name  
5300 S. FLORIDA AVE. BUILDING E  
Address  
LAKELAND, FLORIDA 33813  
City, State and Zip

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

VISTA OUTDOOR RESORTS, INC.  
Name  
1400 GRASSLANDS BLVD. # 66  
Florida street address (P.O. Box not acceptable)  
LAKELAND, FL 33803  
City, State and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Such change(s) was/were authorized by the general partners.

J. O. By  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

J. O. By  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00