

A25478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

APR -5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMINOLE GULF RAILWAY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A25478

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:

GORDON H. FAY
Contact Person
SEMINOLE GULF RAILWAY LIMITED PARTNERSHIP
Firm/Company
4110 CENTER POINTE DR. SUITE 207
Address
FORT MYERS, FL 33916-9424
City, State and Zip Code
JHANFT@SEMGULF.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

GORDON H. FAY at (239) 275-6060
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. SEMINOLE GULF RAILWAY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. DECEMBER 31, 2009 3. A25478
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:

FAY, SUSAN J
Name

4110 CENTER POINTE DR.
Address

FORT MYERS, FL 33916-9424
City, State and Zip

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

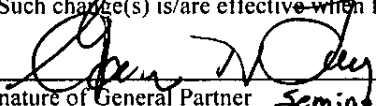
G. BRUCE FAY
Name

4110 CENTER POINTE DR., SUITE 207
Florida street address (P.O. Box not acceptable)

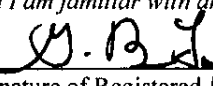
FORT MYERS FL 33916-9424
City, State and Zip

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


Signature of General Partner Seminole Gulf Railway, Inc., 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