- A26/93 Requestor's Name

		VICATIONS INCORPO) RATED			
City/Sta	te/Zip	A strang	• 5 0 3 0 g	Office Use	Only	
CORPORATIO	n nam	E(S) & DOCUMENT NUM	BER(S), (if	known):		
1	orporation	(Name)	ocument #)			
,	orporation	,	cument #)			
3(C			ocument #)			
4			ocument #)	- <u>1900</u>	1 02076 9 02/04/97010	213
☐ Walk in		ck up time	_	ified Copy		#***35.00
Mail out		Il wait Photocopy		ificate of St	atus	•
NEW FILINGS		AMENDMENTS	2000) 5005		97 FE	~[7]
Profit	_	Arnendment			FEB -3 CRETARY	100-200 100-200 100-200
NonProfit	<u> </u>	Resignation of R.A., Officer/Direc	etor		B P	
Limited Liability	╛┕	Change of Registered Agent			PH 12: 50 EE. FLORII	
Domestication	╛┖	Dissolution/Withdrawal			影:50	_
Other] [Метдет			DA A	
OTHER FILINGS		registration/				
Annual Report	- Total	EQUALIFICATION	,	\bigcirc		
Fictitious Name	7	Foreign		PHE	νΥ	
Name Reservation	1	Limited Partnership	(Ψ'.	h	
<u> </u>	-	Reinstatement		' (111/2 -	7
		Trademark		`		1
		Other				\

Examiner's Initials

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

Pursuant to the pr	rovisions of sections (520.105 and 620.10	051, Florida Statutes,	the undersigned limited					
				, submits the					
				, or both, in the state of					
Florida.	S			,					
•		FMT, LTD.							
Name of the limited partnership									
2 MARCH 30	1980		400100						
	g/registration in Florida	3	A26193	current number assigned					
				Statical languages					
4. The name and	address of the prese	nt registered agent	and office:						
	LEON HENSE	N.							
-				—— 877 -3 PM					
		ERSITY DRIVE		—— <u>i</u> id 3 iu					
	FT. MYERS,	FL 33907							
5. The name and acceptable	street address of the	successor register	ed agent and office: ((D)					
	K. PATRICK	MEEHAN							
		ERSITY DRIVE	SUITE 500	_					
	FT. MYERS,	FL 33907		-					
Such change was	authorized by the ge	neral partners.		_					
PALMER WIREL	ESS HOLDINGS,	INC. GEN. H	PTR.	/					
BY:	N/10		1/28/	57					
Sig	nature of General Partner		Date						
Having been name partnership at the agent and agree to relative to the propobligation of my p	ed as registered ager e place designated in to act in this capacity per and complete per position as registered	nt and to accept se this certificate, I i v. I further agree rformance of my d agent.	rvice of process for the hereby accept the app to comply with the pr luties, and I am famili	ne above stated limited ointment as registered ovisions of all statutes ar with and accept the					
+/orc	Th		11. 1	<u>_</u>					
100	11-6		1/28/	> >					
K. PATRICK M	gistered Agent signature		Date						
		Filing Fee: \$35	.00						

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314