

A 26423
 Diana L. Farock
 Real Property Services Corp.

Requestor's Name
 Suite
 333 S. Juniper Street 217
 Address
 Escondido, CA 92025
 City/State/Zip Phone #

700002704357--2
 -12/07/98--01061--017
 ****210.00 *****35.00

Office Use Only

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

1. _____
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

FILED
 98 DEC -7 PM 4:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

- ☐ Walk in
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 ☐ Certified Copy
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☐ Photocopy
☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

A 26423
 12-18
 Name _____
 Availability _____
 Officer _____
 Examiner _____
 Updater _____
 Updater _____
 Verifier _____
 W.P. _____

Examiner's Initials	
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**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. INGLIS VILLAS, LTD.
Name of the limited partnership

2. 5-17-88 3. A26423
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301
City, State and Zip

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

NEIL SCHAEFFER
Name
28779 WILD COFFEE COURT
Florida street address (P.O. Box not acceptable)
BONITA SPRINGS FL 34135
City, State and Zip

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

INGLIS VILLAS, LTD. BY ASB ENTERPRISES, INC., GENERAL PARTNER

BY: Patricia M. Green
Signature of General Partner PATRICIA M. GREEN, SECRETARY

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.

Neil Schaeffer
Signature of Registered Agent

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

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