## A26819

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(Cit	ty/State/Zip/Phone	<del>; #)</del>
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

N. Gulligen FEB - 8 2008

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: ABC Building Limited Partnership

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER: A26819** 

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:

Ayana Lambert

(Contact Person)

Percontee, Inc.

(Firm/Company)

11900 Tech Road

(Address)

Silver Spring, MD 20904

(City, State and Zip Code)

For further information concerning this matter, please call:

Ayana Lambert

at ( 301

622-0100

(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

INHS04 (01/06)

## 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 ABC Build	ding Limited P	artnership			
		p or Limited Liability Limi	ted Partnership		
<sub>2</sub> 7/29/1988		3. A26	819		
		orida document nun	t number		
4. The name of the re Department of State:	egistered agent and the reg	gistered office address as sh	nown on the records	of the Florida	
	Martha Gude	elsky			
		Name			
	250 South O	cean Blvd., Ap	ot. 16AB		
	<b>D D</b> (	Address			
	Boca Raton,			= _	
	Ci	ty, State and Zip		OB F	eu:
5. The name and Flo	rida street address of the r	new registered agent and/or	office:	FEB -5 CRETARY LAHASSE	<b>C</b>
	John Gudels	ky		ASS J	
		Name		mo <u>re</u>	. 8
	425 Meadow	Lark Drive		PM 12: 42 OF STATE EE FLORIDJ	
	Florida street add	iress (P.O. Box not accepta	ble)	ORICE : 4.	
	Sarasota	FI 3	4236	AE 10	,
_	Ci	ty, State and Zip			
6. Such change(s) is/	are effective when filed b	y the Florida Department o	f State.		
The	di-				
Jønn Gadelsky	, Prezident	$\overline{\mathcal{L}}$			
I hereby accept the ap	— ppointment as registered (	agent and agree to act in th	is capacity. I furthe	r agree to	
comply with the provi	sions of all statutes relati	ve to the proper and compl is of my position as register	ete performance of n	ny duties,	
ana Ram jaminya san	run accept me obligation	is of my position as register	ea agent.		
	/ eggs	<del></del>			
John Gudelsky		1			
Filing Fee:	\$35.00 \$52.50	U			
Certified Copy (	optional): \$52.50				

By: