## A26819

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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ABC BUILDING Name of Limited Partnership o	LIMITED PARTNERSHIP r Limited Liability Limited Partnership	
DOCUMENT NUMBER: A26819		
The enclosed Statement of Change of Registe fee(s) are submitted for filing.	red Office and/or Registered Agent and	
Please return all correspondence concerning t	his matter to:	
AYANA LAMBERT		
Contact Person		
PERCONTEE, INC.		
Firm/Company		
11900 TECH ROAD		
Address	<del>.</del>	
SILVER SPRING, MD 20904	1	
City, State and Zip Code	<del></del>	
AYANA@PERCONTEE.C	COM	
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matte	r, 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 t	he Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

## 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 BUILDING LIMITED PARTNERS!	11P
Name of Limited Partnership or Limited Liability Limited Partnership	ership
	26819
Date of filing/registration in Florida Florida doc	cument number
4. The name of the registered agent and the registered office address as shown on Department of State;	the records of the Florida
·	Ţ. ,
JOHN GUDELSKY Name	<del>-</del> , '
425 MEADOW LARK DRIVE	•
Address	_
SARASOTA, FL 34236	
City, State and Zip	<del></del>
5. The name and Florida street address of the new registered agent and/or office:	18 F
JOHN GUDELSKY	
Name	FE3-9 AH 11:20
1021 GULFSTREAM WAY	크
Florida street address (P.O. Box not acceptable)	_ =
SINGER ISLAND FL 33404	: 20 akasa
City, State and Zip	— 'Z'
6Such change(s) is/are@ffective when filed by the Florida Department of State.	
My Villian	
Signature of General Partner	
Ifhereby accept the appointment as registered agent and agree to act in this capac comply with the provisions of all statutes relative to the proper and complete performed I am familiar with an accept the obligations of my position as registered agent	ormance of my duties,
Alex ) collection	
Signature of Registered Agent	
Filing Fee: \$35.00	

Certified Copy (optional): \$52.50