

A 27099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

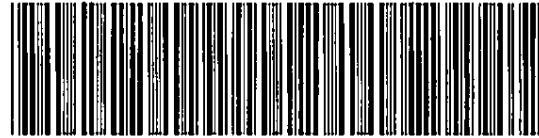
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sam Lewis Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A 27 099

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:

Monica Lewis
Contact Person

Firm/Company

3110 Eden Ct
Address

West Palm Beach, FL 33411
City, State and Zip Code

MonicaLewis1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Lewis at (561) 301-4686
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Sam Lewis Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 9/26/1988 Date of filing/registration in Florida
3. A27099 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:

Henry W Johnson
Name
2900 University Drive # 42
Address
Coral Springs Florida 33065
City, State and Zip

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

Monica Lewis
Name
3110 Eden Ct
Florida street address (P.O. Box not acceptable)
West Palm Beach FL 33411
City, State and Zip

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

Monica Lewis
Signature of 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.

Monica Lewis
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50