A27673

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

DENIS P. TRUPKIN, DDS 3535 WINDMILL RANCH ROAD FORT LAUDERDALE, FLORIDA 33331

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Office Use Only

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Examiner's Initials

1(Corporation Name)	(Document #)	-03/16/01010/3011 ******35.00 *****35.00
2(Corporation Name)	(Document #)	
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4(Corporation Name) Walk in Pick up time	(Document #)	Certified Copy 5
Mail out Will wait	Photocopy	Certificate of Status S
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regis Dissolution/With Merger	

Foreign

Limited Partnership

Reinstatement Trademark Other

OTHER FILINGS

Annual Report

Fictitious Name

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 Fowler's 1	railer Park, Ltd.	
	Name of the limited partnership	
212/29/88	A27673	
Date of filing/registra	tion in Florida Document number	assigned
4. The name of the registe Department of State:	ered agent and the registered office address as shown of Corporation Service Company	on the records of the Florida
	Name 1201 Hayes Street	т т
_	Address	- - ·
	Tallahassee, Florida 32301	
_	City, State and Zip	- - · · .
	Denis Trupkin Name 3535 Windmill Ranch Road Florida street address (P.O. Box not acceptable) Ft. Lauderdale 33331	OL MAR 16 F
6. Such change(s) was/we Trup Realty, In	en Juspan	PH 5: 00
I hereby accept the appoin with the provisions of all familiar with and accept th	tment as registered agent and agree to act in this capaci statutes relative to the proper and complete performa to obligations of my position as registered agent. Or, is in the registered office address. I hereby confirm that	ance of my duties, and I are files

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agent

Ву