

A27743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

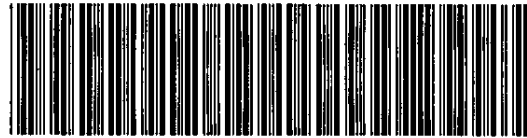
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 10 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Congo River Golf Exploration Co. - Kissimmee Limited Part
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A27743

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:

Stephen M. Bull

Contact Person

Bull Law Firm, P.A.

Firm/Company

4767 New Broad Street, Suite 313

Address

Orlando, Florida 32814

City, State and Zip Code

smbull@bull-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen M. Bull

Name of Contact Person

at (407)

843-5291

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

**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. Congo River Golf and Exploration Co. - Kissimmee Limited Partners

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/12/1989
Date of filing/registration in Florida

3. A27743
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:

Stephen M. Bull, Bull and Associates, P.A.

Name

111 N Orange Avenue, Suite 875

Address

Orlando, Florida 32801

City, State and Zip

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

Stephen M. Bull, Bull Law Firm, P.A.

Name

4767 New Broad Street, Suite 313

Florida street address (P.O. Box not acceptable)

Orlando FL 32814

City, State and Zip

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


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.


Signature of Registered Agent

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

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