

A28141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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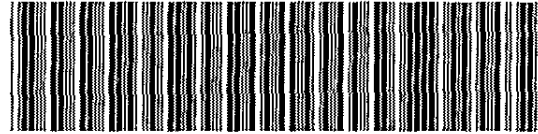
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** Hi Five of Northwest Florida, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A28141

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:

**B R Padgett**

(Contact Person)

**Hi Five of Northwest Florida, LTD**

(Firm/Company)

**1136 Ponderosa Trail**

(Address)

**Chipley, FL 32428**

(City, State and Zip Code)

For further information concerning this matter, please call:

**B R Padgett**

(Name of Contact Person)

at ( 850 ) 638-4403

(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

INH504 (01/06)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**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. Hi Five of Northwest Florida, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. March 31, 1989

Date of filing/registration in Florida

3. A28141

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:

William Scott Foster

Name

909 Marwalt Drive, Suite 1014

Address

Ft. Walton Beach, FL 32548

City, State and Zip

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

Steve Padgett

Name

1205 Dragonfly Lane

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

Chipley

FL 32428

City, State and Zip

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

BR Padgett  
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.*

Steve Padgett  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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