

A28440

**ANSBACHER & SCHNEIDER, P. A.**  
**ATTORNEYS AT LAW**

MAILING ADDRESS  
P.O. Box 551260  
JACKSONVILLE, FLORIDA 32255-1260.

City/State/Zip

Phone #

800003253129--6  
-05/15/00--01150--014  
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Office Use Only

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

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2. \_\_\_\_\_  
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3. \_\_\_\_\_  
(Corporation Name) (Document #)
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**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
00 MAY 15 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4mt  
5/20

Examiner's Initials

**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. Royal Palm Center Associates, Ltd.  
Name of the limited partnership

2. 6/6/89  
Date of filing/registration in Florida

3. A28440  
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lewis Ansbacher  
Name  
4215 Southpoint Blvd. #100  
Address  
Jacksonville, FL 32216  
City, State and Zip

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

Lewis Ansbacher  
Name  
5150 Belfort Road, Bldg 100  
Florida street address (P.O. Box not acceptable)  
Jacksonville, FL 32256  
City, State and Zip

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6. Such change(s) was/were authorized by the general partners.

Westco Management, Inc.  
By: [Signature]  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00