A29875

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER



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OCENARYMENT OF STATE
DIVISION OF CORPORATIONS
TALLANASSEE, FLORIDA

11 DEC 22 AM 8# 03

SECRETARY OF STATE DIVISION OF CORPORATIONS



CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8336804 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Willow Key Associates Limited Partnership (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

partnership or limite	isions of section 620.1115, Fl d liability limited partnership	submits the follo	owing statement in order to	•
change its registered	office or registered agent, or	·		
1	WILLOW KEY ASSOCIATE			
Nar	ne of Limited Partnership or Lin	nited Liability Lim	nited Partnership	
4	04/04/1990	3	A29875	
Date of filing	registration in Florida	F	Florida document number	
4. The name of the reg Department of State:	gistered agent and the registered	office address as s	shown on the records of the Flo	orio
	W. TERRY CO	STOLO, ESQ		
	Nan	ne	··	
	301 E. P INE S	T., STE 1400		
	Addr	ress		
	ORLANDO	FL 32301		
	City, State	and Zip		
5. The name and Flori	da street address of the new regi	stered agent and/o	or office:	
	C T Corporat	ion System		
	Nan	ne		
	1200 South Pine	e Island Road		
Florida street address (P.O. Box not acceptable)				
	Plantation,	FL	33324	
`	City, State	and Zip		
6. Such change(s) is/a	re effective when filed by the Flo	orida Department	of State.	
KINED. O.	.0 /	-		
Signature of General P	artner			
Kristin Bolden,	Secretary of PICERNE WILLO	W KEY DEVELO	OPMENT, INC., its GP	
	pointment as registered agent an ions of all statutes relative to the			
	an accept the obligations of my			F
Jan M Hos	James M. Hal	oin		
Signature of Registered	Agent Assistant Secreta			
-	-			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50