

A30907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. Bureb JUN 9 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P-4 Partners, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A30907

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:

Sandy Juranich

Contact Person

GenSpring Family Offices

Firm/Company

151 Kalmus Dr., Suite J1

Address

Costa Mesa, CA 92626

City, State and Zip Code

sandy.juranich@genspring.com

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

For further information concerning this matter, please call:

Sandy Juranich

Name of Contact Person

at (714)

641-1402

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. P-4 Partners, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/6/1990 3. A30907
Date of filing/registration in Florida 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:

Henry A. Perry
Name
150 South US Highway One, Suite 400
Address
Jupiter, FL 33477
City, State and Zip


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

Registered Agents Inc.
Name
3030 N. Rocky Point Dr. STE 150A
Florida street address (P.O. Box not acceptable)
Tampa FL 33607
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.

 Dan Keen-President
Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA