

A31587

PIERCE & BOWEN

CERTIFIED PUBLIC ACCOUNTANTS

48 NORTHEAST 15 STREET
HOMESTEAD, FLORIDA 33030

City/State/Zip

Phone #

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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*****35.00 *****35.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

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

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

FILED
00 OCT -9 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC

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 organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. PAULA CARTER'S PRO BOWL-HOMESTEAD, LTD.
Name of the limited partnership
2. OCTOBER 3, 2000 3. A31587
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

NONE

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

JAMES R. PIERCE, JR. CPA

48 N.E. 15 STREET

HOMESTEAD, FL 33030

Such change was authorized by the general partners.


Signature of General Partner

10-4-00
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.


Registered Agent signature

10/4/00
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
00 OCT -9 AM 9:10
TALLAHASSEE, FLORIDA