

# A 32655

Requester's Name

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Phone #

Office Use Only

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

1. WESTFORK LAZI ASSOCIATES

(Corporation Name)

(Document #)

2. LIMITED PARTNERSHIP

(Corporation Name)

(Document #)

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

3. A32655

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

☐ 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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
AUG 14 AM 11:54

**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. WESTFORK PLAZA ASSOCIATES LIMITED PARTNERSHIP  
Name of the limited partnership

2. 3/5/92 3. A32655  
Date of filing/registration in Florida 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:


Theodore R. Stotzer, Esq.  
Name  
300 Hollywood Way  
Address  
Hollywood, Florida 33021  
City, State and Zip

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

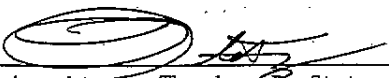
Theodore R. Stotzer, Esq.  
Name  
4651 Sheridan Street, Suite 200  
Florida street address (P.O. Box not acceptable)  
Hollywood, FL 33021  
City, State and Zip

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

WESTFORK PLAZA ASSOCIATES LIMITED PARTNERSHIP  
BY: SREG WESTFORK, INC., as general partner

By:   
Signature of General Partner: Theodore R. Stotzer, Executive Vice President

*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 of Registered Agent, Theodore R. Stotzer

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

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