4076915520

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Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT GROUP, LLC

Account Number: I20040000164 Phone : (407)691-5600

Fax Number : (407)691-5620

**Enter the email address for this business entity to be used for $f_{\overline{\mathbf{E}}}\Omega$ e annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE FORD ARMS ASSOCIATES, L.P., A CALIFORNIA LIMITED

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C. LEWIS

JUL 2 6 2011

EXAMINER

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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.

	Name of Limited Partnership or I	Limited Liability Limited Partnership	
2. 4/29 /1992	3. A32893		
Date of fil	ing/registration in Florida	number	
4. The name of the Department of State		ed office address as shown on the rec	ords of the Florida
	B&C CORPORATE SE	RVICES OF CENTRAL F	
	N	lame	
	390 N. ORANGE AVE,	# 1400	
	Ac	ldress	
	ORLANDO, FL 32802		
	City, St	ate and Zip	
5. The name and P	lorida street address of the new n	egistered agent and/or office:	2011 JUL 25 SECRETAR ALLAHASSI
	REGISTERED AGENT	GROUP, LLC	ARE E
	7	lame	AST 2
	1551 SANDSPUR ROA	D	SEE.F
	Florida street address (Florida street address (P.O. Box not acceptable)	
	ORLANDO	FL 32751	L25 AM 8: 20 TARY OF STATE ASSEE. FLORID
	City, St	ate and Zip	
National Signature of General I hereby accept the	appointment as registered agent	and agree to act in this capacity. I fu	
comply with the pro and I am familiar w REGISTER By: (U) Signature of Regist	with an accept the obligations of m	the proper and complete performance ny position as registered agent.	of my duties,
Filing Fee: Certified Copy	\$35.00 (optional): \$52.50		