

A33057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

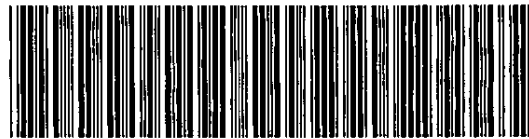
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500249309715

07/05/13--01006--021 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 16 AM 11:22

JUL 17 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Schrobsdorff & Dr. Herrmann "Bayshore Four Seasons", Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A33057

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:

Stephen J. Mitchell

Contact Person

Squire Sanders (US) LLP

Firm/Company

201 N Franklin St, Suite 2100

Address

Tampa, FL 33602

City, State and Zip Code

stephen.mitchell@squiresanders.com

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

For further information concerning this matter, please call:

Stephen J. Mitchell

Name of Contact Person

at (813) 202-1318

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. Dr. Schrobsdorff & Dr. Herrmann "Bayshore Four Seasons", Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/09/1992 3. A33057
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:

Hal P. Colbert c/o Colliers Arnold
Name

4350 West Cypress St, Suite 300
Address

Tampa, FL 33607-4175
City, State and Zip

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

Lois Brennan
Name

602 South Newport Avenue
Florida street address (P.O. Box not acceptable)

Tampa, FL 33606
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
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.

Lois H. Brennan
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 16 AM 11:22