

A9200000262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

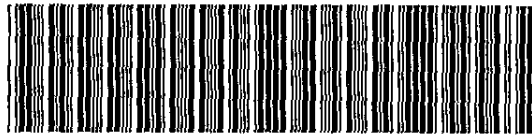
(Business Entity Name)

(Document Number)

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STOCKHOLM, SWEDEN
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Larson's Lodges, LTD
(Name of corporation)

DOCUMENT NUMBER: A92000000262

The enclosed Statement of Change of Registered Office, Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Iris D. Larson
(Name of contact person)

Larson's Lodges, LTD
(Firm/Company)

1611 E. Loralyn Dr.
(Address)

Kissimmee FL 34744
(City/State and zip code)

For further information concerning this matter, please call:

Iris D. Larson at (407) 846-6800
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 14, 2005

IRIS D. LARSON
LARSON'S LODGES, LTD.
1611 E. LORALYN DR.
KISSIMMEE, FL 34744

SUBJECT: LARSON'S LODGES, LTD.
Ref. Number: A92000000262

We have received your document for LARSON'S LODGES, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited partnership. Enclosed is the proper form for your limited partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 305A00046574

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SECRET
FLORIDA
TALLAHASSEE

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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provision 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. LARSON'S LODGES, LTD
Name of limited partnership
2. December 29, 1992
Date of filing/registration in Florida
3. A92000006262
Document number assigned

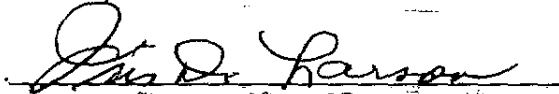
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Charles Edgerton
Name
800 N. Magnolia St., Suite 1500
Address
Orlando, Florida 34744
City, State and Zip

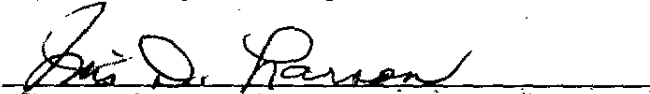
5. The name and address of the new registered agent and/or office:

Iris D. Larson
Name
1611 E. Loralyn Dr.
Address
Kissimmee, Florida 34744
City, State and Zip

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


Signature of General Partner
IRIS D. LARSON

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA