

A93000000087

Requestor's Name	
P.O. Box 1844	
Address	
Mt. Dora, FL	32756
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 #)

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name	Mett
Availability	Mett
Document Examiner	Mett
Updater	Mett
U dater	Mett
Verityer	Mett
Acknowledgement	Mett
W. P. Verifier	Mett

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 28 AM 8:28

A93-87

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

1. PROPHECY COUNTDOWN, PARTNERS SERIES, II, LTD
Name of the limited partnership

2. 01/08/93
Date of filing/registration in Florida

3. A93000000087
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:

Edwards, Patricia A.

Name

1701 Robie Ave.

Address

Mt. Dora, FL 32757

City, State and Zip

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

Dianne Osborne

Name

1701 Robie Ave.

Florida street address (P.O. Box not acceptable)

Mt. Dora,

FL

32757

City, State and Zip

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

Dianne Osborne as President
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. 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.

Dianne Osborne as President
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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