

# A93000000884

Requestor's Name

*B. A. King*  
9902 Bessie Clemson Rd.  
Union Bridge, MD 21791

City/State/Zip

Phone #

400002256274--4  
-08/04/97--01067--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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 #)

97 AUG -4 AM 11:23  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- ☐ 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

*RA Chg.*

VS AUG 14 1997

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

1. THE King Family Limited Partnership

Name of the limited partnership

2. 08/30/93

Date of filing/registration in Florida

3. A93000000884

Document number assigned

4. The name and address of the present registered agent and office:

James P. Bridy-Registered Agent

73 SW Flagler Ave.,

Stuart, FL 34994

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

Robert J. Haas-Registered Agent

518 S. Riverpoint Dr.,

Stuart, FL 34994

Such change was authorized by the general partners.

[Signature]  
Signature of General Partner

9 Jul 97

Date

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.*

[Signature]  
Registered Agent signature

7/16/97  
Date

**Filing Fee: \$35.00**

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

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