

A9300000 1055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK

George and Cynthia Mayzell
10914 Scott Mill Rd
Jacksonville, FL 32223
(Business Entry Name)

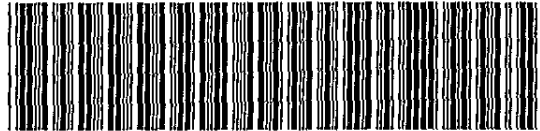
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 29, 2003

GEORGE AND CYNTHIA MAYZELL
10914 SCOTT MILL ROAD
JACKSONVILLE, FL 32223

SUBJECT: HEALTH PROPERTIES, LTD.
Ref. Number: A93000001055

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TALLAHASSEE, FLORIDA

We have received your document for HEALTH PROPERTIES, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 403A00068911

**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. Health Properties Ltd
Name of the limited partnership

2. 4/03
Date of filing/registration in Florida

3. A93000001055
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:

Galactic Enterprises Corp
Name
5115 Ortega Farms Blvd
Address
Jacksonville, FL 32210
City, State and Zip

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

Galactic Enterprises Corp
Name
10914 Scott Mill Rd
Florida street address (P.O. Box **not** acceptable)
Jacksonville FL 32223
City, State and Zip

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

[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. 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]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA