

A94000000830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

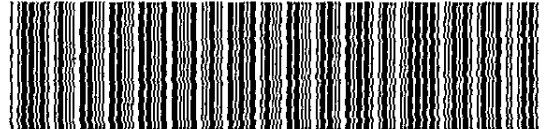
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/4 LP R/A Ch

Office Use Only



800062490748

01/04/06--01/03/002 **35.00

FILED
06 JAN -4 AM 9:52
STATE
TALLAHASSEE FLORIDA

M. HODGES

STIDHAM

& ASSOCIATES, PSC

ATTORNEYS AT LAW

GARNIE CLIFF STIDHAM

cliff@stidhamlaw.com

LYNN C. STIDHAM

lynn@stidhamlaw.com

JOHN N. BRUGGER, III

john@stidhamlaw.com

KIMBERLY B. HONEYCUTT

kimberly@stidhamlaw.com

401 LEWIS HARGETT CIRCLE

SUITE 250

LEXINGTON KY 40503-3590

TEL: (859) 219 2255

FAX: (859) 219 3395

info@stidhamlaw.com

www.stidhamlaw.com

December 20, 2005

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Cole Family Limited Partnership
Change of Registered Agent

Dear Sir or Madam:


Enclosed for processing is a Limited Partnership Statement Change of Registered Office or Registered Agent or Both form relative to the above-referenced partnership. As indicated on the form, the registered agent should be changed from Vernon J. Cole to Shirley Ann Medlock.

Also enclosed is our firm's check in the amount of \$35.00 payable to the Florida Department State to cover the fee for this filing. It would be appreciated if the enclosed copy of this form were file stamped and returned to our office in the provided envelope.

Thank you for your assistance in filing this document. If you have any questions please feel free to contact me at (859) 219-2255.

Sincerely,

STIDHAM & ASSOCIATES, P.S.C.



G. Cliff Stidham

GCS/cmh

Enclosures

cc: Vernon J. Cole
Charles D. Cole
Shirley Ann Medlock

**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. THE COLE FAMILY LIMITED PARTNERSHIP

Name of the limited partnership

2. June 16, 1994

Date of filing/registration in Florida

3. A94000000830

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:

Vernon J. Cole

Name

1102 Ben Franklin Dr. Apt. 307

Address

Sarasota, FL 34236-2255

City, State and Zip

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

Shirley Ann Medlock

Name

5940 Palmer Blvd.

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

Sarasota

FL

34232

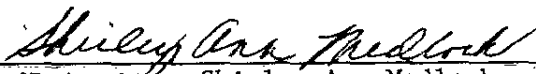
City, State and Zip

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



Signature of General Partner CFP Corp. by Charles D. Cole, President

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 of Registered Agent Shirley Ann Medlock

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

06 JAN -4 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED