

107 **A940000000909**

Requester's Name
401 Channelside Drive
Address
Tampa, FL 33602
City/State/Zip Phone #

HJH

5/7

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. A94-909
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 200004140192--6
05/08/01--01010--013
*****35.00 *****35.00
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

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 MAY -7 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Lightning Properties Ltd.
Name of the limited partnership

2. 7/1/94 3. A94000000909
Date of filing/registration in Florida Document number assigned

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

Lombardi Hugh
Name
401 Channelside Drive
Address
Tampa, FL 33602
City, State and Zip

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

Hernandez Jennifer
Name
401 Channelside Drive
Florida street address (P.O. Box not acceptable)
FL Tampa, FL 33602
City, State and Zip

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

Ronald J. Cobble
Signature of General Partner

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

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TALLAHASSEE, FLORIDA

**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**