

A94000001451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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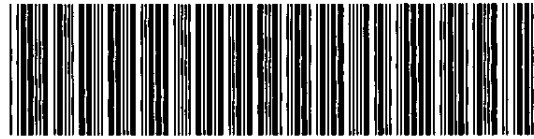
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

MAY - 8 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sandhurst Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A94000001451

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Philip M. Lascelle  
Contact Person

Firm/Company

845 Tropical Circle  
Address

Sarasota, FL 34242  
City, State and Zip Code

plascelle@comcast.net  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Philip M. Lascelle at ( 941 ) 356-1234  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Sandhurst Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/28/1994 3. A94000001451  
Date of filing/registration in Florida Florida document number

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

Renno L. Peterson  
Name  
1800 Second Street, Suite 755  
Address  
Sarasota, FL 34236  
City, State and Zip

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

Philip M. Lascelle  
Name  
845 Tropical Circle  
Florida street address (P.O. Box not acceptable)  
Sarasota FL 34242  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Philip M. Lascelle  
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.*

Philip M. Lascelle  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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