19400001637

(Re	equestor's Name)	
•	•	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

NOV 2 8 2012

EXAMINER



400241793314

11/16/12--01016--013 **35.00

12 NOV 16 PM I2: 11

COVER LETTER

Futral Investments, LTD. Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A9400001637 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: William J Futral Contact Person Futral Investments, LTD Firm/Company P. O. Box 219 Address Frostproof, FI 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863 638-4548 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 Cliffon Building P. O. Box 6327 Tallahassee, FL 32314	TO:	Division of Corpor							
Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A9400001637 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: William J Futral Contact Person Futral Investments, LTD Firm/Company P. O. Box 219 Address Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863 638-4548) 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 Privision of Corporations Clifton Building P. O. Box 6327	SUBJ	ECT:	Futral Investments, LTD.						
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: William J Futral Contact Person Futral Investments, LTD Firm/Company P. O. Box 219 Address Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 P. O. Box 6327	2020	Name o							
Please return all correspondence concerning this matter to: William J Futral Contact Person	DOC	DOCUMENT NUMBER: A9400001637							
William J Futral Contact Person Futral Investments, LTD Firm/Company P. O. Box 219 Address Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 P. O. Box 6327				istered (Office ar	ıd/or Reg	istered Agent and		
Contact Person Futral Investments, LTD Firm/Company P. O. Box 219 Address Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863 638-4548) 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 P. O. Box 6327	Please	e return all correspor	idence concernir	ng this m	atter to:				
Futral Investments, LTD Firm/Company P. O. Box 219 Address Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327		Willi	am J Futral						
Firm/Company P. O. Box 219 Address Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 P. O. Box 6327		Co	ntact Person						
P. O. Box 219 Address Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863 638-4548 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 P. O. Box 6327		Futral In	vestments, LTI	כ		_			
Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327		Fire	n/Company			_			
Frostproof, Fl 33843 City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327		P. (O. Box 219						
City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327			Address			_			
City, State and Zip Code Jefffutral@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327		Frostp	roof, FI 33843						
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327		<u>`</u>				_			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William J. Futral at (863) 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327		Jeffi	utral@verizon.	net					
William J. Futral at (863) 638-4548 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 Registration Section Division of Corporations Clifton Building P. O. Box 6327	- E				ification)		-		
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 Area Code and Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327	For fu	urther information co	oncerning this ma	atter, ple	ase call	:			
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 Area Code and Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327		William J. F	- utral	at (863)	638-4548		
STREET ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327		Name of Contact Pers	ion	A A	rea Code	and Daytin	ne Telephone Number		
Registration Section Division of Corporations Clifton Building Registration Section Division of Corporations P. O. Box 6327	Enclo	osed is a \$35.00 chec	k made payable	to the F	lorida D	epartmen	at of State.		
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP. O. Box 6327	STRI	EET ADDRESS:			MAII	LING AI	DDRESS:		
Clifton Building P. O. Box 6327				Regis	tration S	ection			
	Divis	ion of Corporations							
2661 Executive Center Circle Tallahassee, FL 32314									
Tallahassee FI 32301			rcle		Tallal	nassee, F	L 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	Futral Inves	stments, LT	ΓD		
Nar	ne of Limited Partnership or Lir	nited Liability L	imited Partnership		
2. 1:	2/05/1994	3.	A94000001637		
	registration in Florida		Florida document number		
4. The name of the reg Department of State:	gistered agent and the registered	office address a	as shown on the records of the	ne Florida	
	William	J Futral			
	Na	me			
	19 HEIGI	HTS AVE			
	Add	ress	- 6		
	FROSTPROOF	FL	<i>33843</i>		
	City, Stat	e and Zip		اران الم	
5. The name and Flori	ida street address of the new reg	istered agent an	d/or office:	NOV 16	41-1-161 1 11
	William	J Futral		SS. Val.	1 37 12
	Na	me		T-1	
	940 N H	₹WY 17		18 ST. FLO	
	Florida street address (F	O. Box not acc	eptable)	981 1741	•
	BABSON PARI	ς _{Fl}	_ 33827		•
1	City, Stat	e and Zip			
6. Such change(s) is/a	are effective when filed by the F	lorida Departme	ent of State.		
100 mg X	That				
Signature of General	Partner	•			
comply with the provis and Part familiar with	pointment as registered agent a sions of all statutes relative to th on accept the obligations of my	he proper and co	emplete performance of my o	gree to luties,	
Signature of Registere	a Agent		^		
Eiling Foot	\$35,00				

Certified Copy (optional): \$52.50