

AA 5000000937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

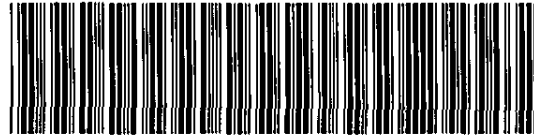
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

DEC 27 2011

EXAMINER



700215474877

12/22/11--01042--004 **35.00

RECEIVED

11 DEC 22 PM 1:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 DEC 22 AM 8:04



CT Corporation

1203 Governors Square Blvd.
Suite 101
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctcorporation.com

December 21, 2011

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 22 AM 8:04

Re: Order #: 8336804 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Picerne-Silver Ridge Limited Partnership (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

**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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 22 AM 8:04

1. PICERNE-SILVER RIDGE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/21/1995 3. A95000000937
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:

GABRIEL ARCHER
Name
1318 N. FEDERAL HIGHWAY
Address
HOLLYWOOD FL 33020
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

Kristin Bolden
Signature of General Partner

Kristin Bolden, Manager of WORKOUT ASSISTANCE SOLUTIONS GP, LLC, its GP
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.

James M. Halpin
Signature of Registered Agent Assistant Secretary

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