A95000001449

WETSTONE CENTER 2232 INDUSTRIAL BLVD.		ALGARASTICATION OF THE 13	
SARASOTA, FL 3423	34	AST AST AS	
City/State/Zip Phone #		Office Use Only	
CORPORATION N	IAME(S) & DOCUMENT NUM	BER(S), (if known):	
1(Corpor	ration Name) (Do	cument #)	
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3. (Corpor	ration Name) (Do	cument #)	
4	(23		
4(Corpor	ration Name) (Do	cument #)	
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☐ Walk in ☐	Pick up time	Certified Copy	
☐ Mail out ☐	Will wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS	Sistings.	
Profit	Amendment	8000026176380	
NonProfit	Resignation of R.A., Officer/Direct	<u> </u>	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
OTHER FILINGS			
Annual Report	REGISTRATION/ QUALIFICATION	RA Chg.	
Fictitious Name	Foreign	RACha.	
Name Reservation	Limited Partnership	VVIV	
A TOURS AND DE TOURS	Reinstatement		
	Trademark		
	Other		

Examiner's Initials

TED 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 PEARCE CANAL ASSOCIATES, LTD. ALGORISTS		
Name of the limited partnership		
2. Date of filing/registration in Florida 3. A9500001449 Document number assigned		
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 records of the Florida		
Department of State: J BOB HUMPHRIES ESY		
501 E. KENNEDY AVE SUITE 1700		
Address		
TAMPA FL 33602		
City, State and Zip		
5. The name and address of the new registered agent and/or office: ORDEN		
Name		
271 LOUROUT POINT		
Florida street address (P.O. Box not acceptable)		
OSPREY FL 34229		
City, State and Zip 6. Such change(s) was were authorized by the general partners.		
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. 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.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00