

A95000001796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

A95- 1796

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

3/17

RFA CH

Office Use Only



900067708059

03/17/05--011-4--017 \*\*\*25.00

06/17/17 PM 2:02

M. Hodges

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** D.F. Smith Family Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A95000001796

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:

W. Thornton Scott

(Contact Person)

MacLean and Ema

(Firm/Company)

2600 N.E. 14th Street Causeway

(Address)

Pompano Beach, Florida 33062

(City, State and Zip Code)

For further information concerning this matter, please call:

Karen E. Kennedy at ( 954 ) 785-1900

(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

INHS04 (01/06)

**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. D.F. Smith Family Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. November 21, 1995

Date of filing/registration in Florida

3. A95000001796

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:

Smith, Douglas F.

Name

2901 N.E. 39th Court

Address

Lighthouse Point, Florida 33064

City, State and Zip

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

W. Thornton Scott

Name

2600 N.E. 14th Street Causeway

Florida street address (P.O. Box not acceptable)

Pompano Beach, FL 33062

City, State and Zip

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

  
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.*

  
Signature of Registered Agent

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

FILED  
06 MAR 17 PM 2:02  
TALLAHASSEE, FLORIDA  
CLERK OF THE BOARD OF REGISTRATION