A96000000 782



BLACKTON, INC.

1714 Alden Road Orlando, Florida 32803-6155

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Office Use Only

ORPORATION NAME(S) & D	OCUMENT NUMBER(S), (if known):	-
(Corporation Name)	(Document #)	1 ********
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NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	~U~
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	100

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0502,	617.0502, 607.1508, or 617.1	508, Florida Statutes,
the undersigned	d corporation organized under the l	laws of the State of _FLORID	Δ
submits the foll	owing statement in order to chang	e its registered office or regist	ered agent, or both, in
the State of Flo	rida.		
1. The name of	the corporation : BLACKTON	FAMILY PARTNERSHIP L'	ID.
2. The mailing	address of the corporation: 171	4 ALDEN ROAD	_
	ORL	ANDO,FL 32803-1401	
3. Date of inco	rporation/qualification: 01/01/	Document number	er: <u>A96000000782</u>
4. The name an	d address of the current registered a	gent and office:	
	CHARLES F BLACK	ron	- -
	1714 ALDEN ROAD	* ***	
	ORLANDO, FL 3280	3-1401	
5. The name an	d address of the new registered age (P. O. Box N	nt (if changed) and/or registere Not Acceptable)	d office (if changed):
	BRUCE T. BLACKTO	ON	
	1714 ALDEN ROAD		02 L SECI
	ORLANDO,FL 32803	3-1401	JAN I CRETAI AHAS
The street addre agent, as chang	ess of its registered office and the sed, will be identical.	street address of the business of	office of its registered
All	as authorized by resolution duly ache board. Conclusion by the board of an officer, chairman or vice chairman of the	ر 1-0	s or by an officer sou
HE	LEN L BLACKTON		
Having been na corporation, I h I further agree performance of registered agen	(Printed or typed name and title) med as registered agent and to accept the appointment as represent to comply with the provisions of all my duties, and I am familiar with the provisions of the complex to the comple	cept service of process for the registered agent and agree to d ll statutes relative to the prope and accept the obligation of n	above stated act in this capacity. er and complete ny position as
San G	ignature of Registered Agent)	0) -09 -7 (Date)	.002
BRUCE T. If signing on behal		01-09-200	·
(Typed or Printed Name)	(Capacity))

* * * FILING FEE: \$35.00 * * *

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