## #A96000001154

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WĄIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SURFECT. Burnt Store, Ltd.

Name of Corporation

DOCUMENT NUMBER

A96000001154

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James T. Humphrey, Esq.

Name of Contact Person

Knott Ebelini Hart

Firm/Company

1625 Hendry St., #300

Address

Fort Myers, FL 33902

City/State and Zip Code

jhumphrey@knott-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James T. Humphrey, Esq.

,239

334-2722

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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.	Burnt Store	, Ltd.		
Name of Limite	ed Partnership or Limited	Liability Li	mited Partnership	
2. 06/20/199		3	A9600000	
Date of filing/registration	in Florida		Florida documen	t number
4. The name of the registered age Department of State:	nt and the registered offic	e address as	s shown on the rec	ords of the Florida
Garey	F. Butler / Fowler V	Vhite Bog	gs, P.A.	
<del></del>	Name			12
2235 First Street				
Address			いる。こ	
Fort Myers, FL 33901			m o sign	
	City, State and	Zip		高 是 〇
5. The name and Florida street ad	dress of the new registere	ed agent and	/or office:	MILOCT 20 PM 4: 06
James T. Humphrey, Esq.				
	Name			<b>,</b>
1625 Hendry Street				
Florida street address (P.O. Box not acceptable)				
	Fort Myers	FL	33901	
	City, State and	Zip		
6. Such change(s) is/are effective	when filed by the Florida	a Departmei	nt of State.	i
	Want			•
eignature of General Partner				
I hereby accept the appointment a comply with the provisions of all s and I gh familiar with an accept t	statutes relative to the pro	oper and co	mplete performand	further agree to ce of my duties,
ATKIN \	_			
Signature of Registered Agent	<del>)                                    </del>			
Filing Fee:	\$35.00			
Certified Copy (optional):	\$52.50			