

To: FL Dept of Stat  
Subject: 000852.117449

From: John Weidentachl  
Wednesday, January 07, 2010 2:42 PM Page: 1 of 2

Division of Corporations

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**A96000001444**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations **000852.117449**  
Fax Number : (850)617-6393

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
FLAMINGO PALMS LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
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**EXAMINER**

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**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. Flamingo Palms Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 8/2/06  
Date of filing/registration in Florida

3. A96000001444  
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:

CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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

National Corporate Research, Ltd., Inc.  
Name  
515 East Park Avenue  
Florida street address (P.O. Box not acceptable)  
Tallahassee, FL 32301  
City, State and Zip

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

*W. X. Saunders*  
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.*

*A.P. Polizzi*  
Signature of Registered Agent  
A.P. Polizzi  
Asst Sec'y

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

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