

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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TALLAHASSEE, FLORIDA

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

Email Address: documents@incorp.com

**REGISTERED AGENT CHANGE
LITTLE PALM ISLAND ASSOCIATES, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

D. BRUCE
DEC 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Little Palm Island Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000001936

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:

Josie Sorensen

Contact Person

Little Palm Island Associates, Ltd.

Firm/Company

3773 Howard Hughes Pkwy · Suite 500S

Address

Las Vegas, NV 89169-8014

City, State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Josie Sorensen on behalf of Incorp Services, Inc. at

Name of Contact Person

(800) 246-2677

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

**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. Little Palm Island Associates, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/17/1996 3. A96000001936
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY

Name

1201 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

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

InCorp Services, Inc.

Name

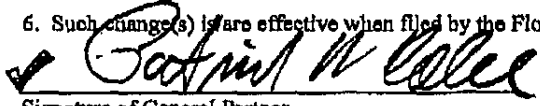
17888 67th Court North

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

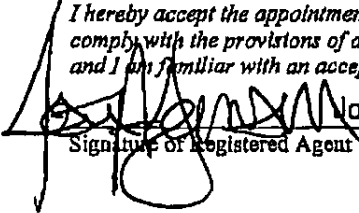
Loxahatchee FL 33470

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 an accept the obligations of my position as registered agent.

 Josie A Sorensen on behalf of Incorp Services, Inc.
Signature of Registered Agent

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

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