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(Requestor's Name)	_				
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ROBERT Q. WILLIAMS, P.A.

380 W. ALFRED STREET TAVARES, FLORIDA 32778

ROBERT Q. WILLIAMS rqw@wssattorneys.com

TELEPHONE: (352) 343-6655

FAX: (352) 343-4267

January 25, 2019

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

Re: Huffstetler Family Partnership, LLLP

Dear Ladies and Gentlemen:

Effective January 9, 2019, Richard A. Paul, resigned as Registered Agent for the above referenced limited liability limited partnership, as well as dissociate or resigned as a General Partner. To that end, enclosed are the appropriate executed forms, along with our firm's check in the amount of \$87.50 for the filing fees.

If you should have any questions or need further information, please contact me at 352-343-6655 ext. 101.

Sincerely,

Robert Q. Williams

RQW/clc Enclosures

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.

* *	ER FAMILY PA			_	
	armership of Limited L	-			
2. 10/28/1996	PL 24-	3	A9600001994 Florida document number	_	
Date of filing/registration in	l-lorida		r torida document number		
 The name of the registered agent a Department of State; 	nd the registered office	address	as shown on the records of the Florid	la	
	Richard A. Pa	ıul			
_	Name				
	1600 Hamilton S	Street_			
	Address				<u></u> .
	Eustis, FL 327	26		د ً:	
	City, State and Z	ip		<u></u>	٠
5. The name and Florida street addre	ss of the new registered	agent ar	nd/or office:	.)	
ROBI	ERT Q. WILLIAMS			3	_
noni	Name	ъ.		\overline{i}	
	ERT Q. WILLIAMS, W. ALFRED STREE			15: 51	* **
	street address (P.O. Box		ceptable)		
TAVA	ARES,	F	L_32778		
_	City, State and Z	ip			
6. Such change(s) is an effective w	en filed by the Florida L)epartm	ent of State.	 .	
AN					
Signa dre of Deneral Partner					
I hereby accept the appointment as recomply with the provisions of all state and I am/familiar with an accept the	utes relative to the prope	er and c	complete performance of my duties.		
Signature of Registered Agent					

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50