## AGCCCCC2452

(Re	questor's Name)	<u> </u>
(Ad	dress)	<del> </del>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





200315140012

08/27/18--01019--003 ++35.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUB.	JECT: Name of Limited Pa	RMANDY artnership or Lin	EQUIT	IES,	LTD nited Partnership		
			A96000002452				
	enclosed Statement of Change of are submitted for filing.	of Registered	Office ar	nd/or l	Registered Agent and		
Pleas	e return all correspondence cor	ncerning this i	natter to	:			
	Barbara Humpl	hrey			, : . •		
	Contact Person	<u>*</u>		_	-		
	Law Office of Robert	A. Heekin					
	Firm/Company			_	نـ		
	1 Sleiman Parkway,	Suite 280			<i>&gt;</i>		
	Address			_	د. س		
	Jacksonville, Florid	a 32216			,		
	City, State and Zip C						
	fjohnson@slei						
	E-mail address: (to be used for future		tification)				
For fu	arther information concerning t	this matter, pl	ease call	:			
	Barbara Humphrey	at (	904	)	636-9777 ex. 2		
	Name of Contact Person	A	rea Code	and Da	ytime Telephone Number		
Enclo	osed is a \$35.00 check made pa	yable to the F	lorida D	epartn	ment of State.		
STRI	EET ADDRESS:		MAII	LING	ADDRESS:		
Registration Section			Registration Section				
	ion of Corporations				Corporations		
	n Building		P. O.				
	Executive Center Circle hassee, FL 32301		Tallal	iassce	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 fimited 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	NORMANDY	EQUITIE	ES, L	.TD		
Name of Lin	sited Partnership or L	imited Liabili	ty Lin	ited Partner:	ship	
2. December 19	9, 1996	3.		A96000002452		
Date of filing/registrati	ion in Florida	_	J.	Torida docui	nent number	
4. The name of the registered a Department of State:	gent and the registere	ed office addre	285 AS S	thown on the	records of the	: Florid
	Robert	K. White				
	N	ame			•	
	1 Sleiman Par	kway, Suit	e 270	)		
	Ad	dress				
	Jacksonville,	Florida 32	216			
<del></del>	City, Sta	ite and Zip				
5. The name and Florida street	address of the new re	gistered agent	t and/o	r office:		1
						ù
		rd Staten				>
			070			vr
	1 Sleiman Parl lorida street address (					
r		ray, box noc	accept			
	Jacksonville		_FL_	32216		
	City, Sta	nte and Zip				
6. Such change(s) is/are effecti	ve when filed by the l	Florida Depar	tment	of State.		
Signature of General Partner	-	_				
I hereby accept the appointmen comply with the provisions of a and I am familial with an accep	ll statutes relative to t	the proper and	Leomp	lete perform		
Signature di Registered Agent		_				
Filing Fee:	\$35.00					
Certified Copy (optional)						