## A960UU02510

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DEPARTMENT DESIGNED INTERPRETATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Parker Name of Limited Partne	Family	<u>Partne</u>	rship, I	LTD	
Name of Limited Partne	rship or Lim	ited Liabi	lity Limite	ed Partnership	
DOCUMENT NUMBER:	DOCUMENT NUMBER: A9600002510				
The enclosed Statement of Change of R fee(s) are submitted for filing.	egistered (	Office an	ıd/or Reş	gistered Agent and	
Please return all correspondence concern	ning this n	natter to:			
Jane Parker Woofte	er		_		
Contact Person					
Firm/Company			_		
1460 E Green Stree	et				
Address			_		
Perry, FL 32347					
City, State and Zip Code			_		
jwoofter@comca	st.net				
E-mail address: (to be used for future annu	al report not	ification)	•	_	
For further information concerning this	matter, ple	ase call:			
Jane Parker Woofter	at (	850	)	584-3124	
Name of Contact Person			nd Daytin	ne Telephone Number	
Enclosed is a \$35.00 check made payable	e to the Fl	orida De	partmen	t of State.	
STREET ADDRESS:	ADDRESS: MAILING ADDRESS:				
Registration Section Registration Section		ection			
Division of Corporations	Division of Corporations				
lifton Building P. O. Box 6327					
2661 Executive Center Circle		Tallah	assee, F	L 32314	
Tallahassee, FL 32301					

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIPS 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.

•	ge its registered office or registered agent, or			in order to						
1	Parker Family P	Parker Family Partnership, LTD								
	Name of Limited Partnership or Lim	ited Liability Li	nited Partnership							
2	December 24, 1996	ecember 24, 1996 3. A9600								
	Date of filing/registration in Florida	Florida document number								
	te name of the registered agent and the registered ortment of State:	office address as	shown on the recor	ds of the Florida						
	John H Pa		<del></del>							
	1460 E. Gre	-								
	Addre									
	Perry, FL	32347								
	City, State		· · · · ·							
5. Th	e name and Florida street address of the new regis	stered agent and/	or office:							
	John H Pa	ırker, III								
	Nam	e								
	1460 E. Gre	en Street								
	Florida street address (P.C	D. Box not accep	table)							
	Perry	FL	32347							
	City, State	and Zip								
5. Su (	ch change(s) is/are effective when filed by the Flo Jane Parker Woofter		of State.							
Signa	ure of General Partner									
here compl and I	by accept the appointment as registered agent and y with the provisions of all statutes relative to the am familiar with an accept the obligations of my pure of Registered Agent	proper and com	olete performance d	ther agree to of my duties,						

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50