

# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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## REGISTERED AGENT CHANGE

### COOLIDGE-FT. MYERS REALTY LIMITED PARTNERSHIP

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# LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l. Coolidge-Ft. M	yers Realty Limited			
	Na	me of the limited partnership		
2 January 30, 19	97 /registration in Florida	3_A97000000274		
	ingistration in Profice	Document number	erassigned	
<ol> <li>The name of the Department of S</li> </ol>	itate:	registered office address as shown	on the records of the Florida	
	Valdes-Pauli Cor	porate Services, Inc.	_	
	725 Cauch William	Name		
	111 Ponett Lisate	r Drive, Suite 500 East Address	<del>_</del>	
	•	<del></del>		7
	West Palm Beach,	FL 33401		
		City, State and Zip		>
			23	
<ol><li>The name and address of the new registered agent and/or office:</li></ol>		_	(A)	
	W. Scott Callahan		007	
		Name	N	
	32 W 0		မ	0:
	37 N. Orange Avenu	ddress (P.O. Box not acceptable)	<u></u>	.≅.
		mass (r.O. box not acceptable)		>
	Orlando	FL 32802-3388		
i. Such change(s) v	vas/were authorized by th	City, State and Zip	· · · · · · · · · · · · · · · · · · ·	
·· ommigo(o) i	rass were authorized by th	e general parmers.		
Mil	£.172		•	
ignature of General Par	tner			
hereby accept the a vith the provisions amiliar with and acc verely to reflect gro veen notified in writin	cept the obligations of my	agent and agree to act in this capac the proper and complete perform position as registered agent. Or, i ffice address, I hereby confirm tha	ity. I further agree to comply ance of my duties, and I am f this document is being filed t the limited partnership has	
i. Scott Callahan	ı //			
MAH (		_		
mature of Registered A	gent	······································		
		·		
ī.	Take checks payable to	Florida Department of State and	mail to:	
j	Division of Corporation	s, P.O. Box 6327, Tallahassee, FL	32314	

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