

A970000001069

Requester's Name

Address

City/State

LAW OFFICES
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THOMASVILLE, GEORGIA 31799

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) **500004492445--9**
-07/23/01--01126--005
*******35.00 *****35.00**
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

*RSA Change
7-26-01
BAS*

**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.

1. DAVIDSON FAMILY LIMITED PARTNERSHIP
Name of the limited partnership

2. May 14, 1997 3. A97000001069
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

M. Jack Davidson
Name
313 Williams Street #10
Address
Tallahassee, Florida 32303
City, State and Zip

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

Gene L. Davidson
Name
3418 Woodley Drive
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32312
City, State and Zip

6. Such change(s) ~~was~~ were authorized by the general partners.

Stanley K. Davidson
Gene L. Davidson
Signature of General Partner

Gene L. Davidson

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 and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Gene L. Davidson
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**