

A97000001136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

FEB 1 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WELCH INVESTMENTS OF SARASOTA, L.P.

File FIRST

Signature _____

Requested by: CP

Date 2/1

Time 11:00

Name _____

Walk-In _____

Will Pick Up _____

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TALLAHASSEE, FLORIDA

- ☒ Art of Inc. File _____
- ☒ LTD Partnership File COA
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

**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.

1. WELCH INVESTMENTS OF SARASOTA, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. May 21, 1997

Date of filing/registration in Florida

3. A97000001136

Florida document number

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

Roberta Welch

Name

700 John Ringling Blvd.

Address

Sarasota, FL 34236

City, State and Zip

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

Robert W. Darnell

Name

1820 Ringling Blvd

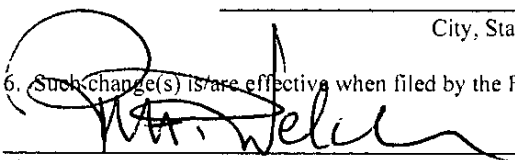
Florida street address (P.O. Box not acceptable)

Sarasota

FL 34236

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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