Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   DO NOT WRITE INTHIS SPACE	l For plicable
Principal Place of Business  ### ULMERTON ROAD LARGO FL 33771  LARGO FL 33771  LARGO FL 33771  LARGO FL 33771  ARGO FL 33771  ARGO FL 33771  LARGO FL 33771  ARGO FL 33771  City  FL  Zip  Country  ARGO FL 33771  City  FL  Zip  Code  ### Argolistered Agent  Argolistered Agent signature recurred when remaining)  Argolistered Agent signature recurred agent ag	l For plicable
### Agent Place of Business  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Name  MEEDER, ERNEST P  8751 ULMERTON RD.  LARGO FL 33771  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  Signature, popul or preted name of regustered agent and title if application  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  Signature, popul or preted name of regustered agent and title if application  (ICC): Registered Agent signature recurred when remetating)  DARE  Signature, popul or preted name of regustered agent and title if application  (ICC): Registered Agent signature recurred when remetating)  DARE  Signature, popul or preted name of regustered agent and title if application  (ICC): Registered Agent signature recurred when remetating)  DARE  Signature, popul or preted name of regustered agent and title if application  (ICC): Registered Agent signature recurred when remetating)  DARE  Signature, popul or preted name of regustered agent and title if application  (ICC): Registered Agent signature recurred when remetating)  DARE  Signature, popul or preted name of regustered agent and titl	l For plicable
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  Country  Size  Country  Size  Country  Size  Country  Size Country  Size Country  Size Country  Size Country  Size Country  Size Country  Size Country  Size Country  Size Country  Size Country  Size Address of New Registered Agent  Name  Name  Name  Size Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature  Signature, yped or printed name or registered agent and title if applicable.  (NOTE Registered Agent signature reculted when rematating)  DATE  9. Capital Contributions as Shown on record  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. STREET ADDRESS  8751 ULMERTON RD.  STREET ADDRESS  STREET ADDRESS  8751 ULMERTON RD.  STREET ADDRESS  8751 ULMERTON RD.  STREET ADDRESS  8751 ULMERTON RD.	l For plicable
City & State  Country  Country  Country  Country  5. Certificate of Status Desired  \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when rematating)  DATE  9. Capital Contributions as Shown on record.  \$1,200.00  10. Amount of Capital Contributions in FLORIDA to date.  NOTE: General Partner THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.  12. GENERAL PARTNER INFORMATION  13. STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  A CHINECTURAL DESIGN CENTER, INC.  STREET ADDRESS  8751 ULMERTON RD.	plicable
Zip Country Zip Country 59-3455740 Not Acceptable \$8.75 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  Name  MEEDER, ERNEST P  8751 ULMERTON RD.  LARGO FL 33771  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name or registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  9. Capital Contributions as Shown on record.  A GENERAL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  STREET ADDRESS  STREET	plicable
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.  SIGNATURE  Signature, speed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  9. Capital Contributions as Shown on record.  \$1,200.00  10. Amount of Capital Contributions in FLORIDA to date.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  STREET ADDRESS  8751 ULMERTON RD:	al
MEEDER, ERNEST P  8751 ULMERTON RD. LARGO FL 33771  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  9. Capital Contributions as Shown on record.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. STREET ADDRESS  STREET ADDRESS  8751 ULMERTON RD.	
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SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   Possible	
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12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT# NAME  ARCHITECTURAL DESIGN CENTER, INC.  STREET ADDRESS  8751 ULMERTON RD.	ON .
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CITY-ST-ZIP 👲