10/05/2001 10 Division

Florida Department of State Division of Corporations

Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000104361 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)205-0380

From:

DIVISION OF CORPORATIONS

01 OCT -- 5 AM 10: 50

RECEIVEL

Offic :										
	Account :	Name	:	DEAN,	MEAD,	EGERTON,	BLOODWORTH,	CAPOUANO	& BOZARTH,	P.A.
	Account 3	Number	;	07607	700170:	2 .		-	•	
	Phone		:	(407)	841-12(00				
	Fax Numb	er	5	(407)-	423-183	31				

REGISTERED AGENT CHANGE

JAMES R. LOWRY, SR. FAMILY LIMITED PARTNERSHIP, LLLP

Certificate of Status	
Certified Copy	0
Page Count	02
Estimated Charge	\$43.75

Our reference number 19982/35326

Electronic Filing Menu,

Corporate Filing

Public Access Help

2007

. .:

DEAN MEAD ORLANDO

Ø002

H01000104361 0

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.	James	R.	Lowry,	Sr.	Family	Limited	Partnership,	LLLP	
					Na	me of the limi	ted partnership		

2.	10/24/1997	3. <u>A97000002325</u>	
	Date of filing/registration in Florida	Document numb	er assigned

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

	James R. Lowry, Sr.		_ ⊅∽
	Neme		FO
	825 Crepe Myrtle Circle		AR
	Address Apopka, FL 32712	-	
	City, State and Zip	~	
5. The name and addre	ess of the new registered agent and/or office: H. Clay Lowry		-5
_	Name		·

36 W. Illiana Street Florida street address (P.O. Box not acceptable)

Orlando 32806

City, State and Zip

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

see separate sheet attached

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. 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.

Chay Lowr Signature of Registered Agent н.

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

INHS04(9/98)

H01000104361 0

10/05/2001 10:29 FAX 407 4231831

DEAN MEAD ORLANDO

Ø 003

H01000104361 0

GENERAL PARTNERS

