A97000002341

Requester's Name

Address

City/State/Zip Phone #

Office Use Only

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

1. THE COLTON FAMILY LIMITED PARTNERSHIP
(Corporation Name) (Document #)

2. A97-2741
(Corporation Name) (Document #)

3. 500005064345--6
-03/07/02--01051--021
*****35.00 *****35.00
(Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

3/18

NEW FILINGS

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

AMENDMENTS

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

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

CR2E031(7/97)

Examiner's Initials

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. The Colton Family Limited Partnership
Name of the limited partnership

2. October 27, 1997
Date of filing/registration in Florida

3. A97000002341
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:

Joel Reinstein, Esq.
Name

5355 Town Center Road, #801
Address

Boca Raton, FL 33486
City, State and Zip

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

Robert M. Colton
Name

4270 N.W. 24th Avenue
Florida street address (P.O. Box not acceptable)

Boca Raton, FL 33431
City, State and Zip

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

Andrea Sue Colton
Signature of General Partner Andrea Sue Colton

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.

Robert Colton
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

INHS04(9/98)