

A97000002443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATION
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEA OAKS INVESTMENT GP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A97000002443

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lisa Granskie for Incorp Services, Inc.

Contact Person

Incorp Services, Inc.

Firm/Company

2360 Corporate Circle, Suite 400

Address

Henderson, NV 89074-7722

City, State and Zip Code

trippvero@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Granskie

Name of Contact Person

at (702) 866-2500

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. SEA OAKS INVESTMENT GP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/12/1997
Date of filing/registration in Florida

3. A97000002443
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:

BRION, JACQUES
Name

1235 WINDING OAKS CIRCLE
Address

VERO EACH FL 32963
City, State and Zip

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

Incorp Services, Inc.
Name

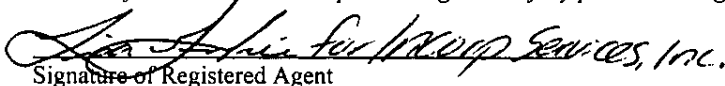
17888 67th Court North
Florida street address (P.O. Box not acceptable)

Loxahatchee FL 33470
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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