

A98000000277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

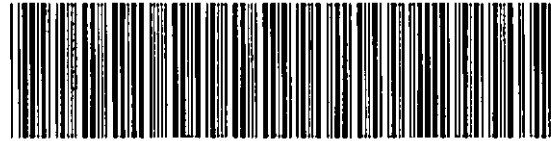
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Tucker Family Limited Partnership, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000000277

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:

Frank J. Rief, III
Contact Person
Allen Dell, P.A.
Firm/Company
202 South Rome Avenue, Suite 100
Address
Tampa, Florida 33606
City, State and Zip Code
srief@allendell.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank J. Rief, III at (813) 223-5351
Name of Contact Person 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. Tucker Family Limited Partnership, Ltd
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/29/1998
Date of filing/registration in Florida

3. A98000000277
Florida document number

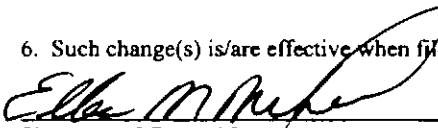
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Anne T. Tucker
Name
1435 Hollingsworth Oaks Drive
Address
Lakeland, Florida 33803
City, State and Zip

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

Ellen M. McKeel
Name
2000 E. Edgewood Drive, Suite 214
Florida street address (P.O. Box not acceptable)
Lakeland FL 33803
City, State and Zip

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

, President, Lake Thomas Corporation
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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