A98000000415

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)	<u> </u>					
PICK-UP WAIT MAI	L					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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09/22/10--01026--017 **70.00



S. HAWKES

SEP 2 3 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
	·	440 Odanada	LTD				
SUBJ	Name of Limited Partnership or Limited Liability Limited Partnership						
DOC	UMENT NUMBER:	A9800000	00415				
	enclosed Statement of Change of R are submitted for filing.	egistered Office and/o	or Registered Agent and				
Pleas	e return all correspondence concer	ning this matter to:					
	Pearly	er in the same of					
	Ronald N. Schwart	.z					
	Contact Person						
	RMA Construction, I	nc.					
	Firm/Company						
	PO Box 536428						
	Address						
,	Orlando, FL 3285	3					
	City, State and Zip Code						
	ron2632@aol.c						
	E-mail address: (to be used for future annu	ual report notification)					
For fi	urther information concerning this	matter, please call:					
	Ronald N. Schwartz	at (<u>407</u>)	342 3648				
	Name of Contact Person	Area Code and	Daytime Telephone Number				
Enclo	osed is a \$35.00 check made payab	ole to the Florida Depa	rtment of State.				
STREET ADDRESS:		MAILIN	IG ADDRESS:				
Regis	stration Section Registration Section		ion Section				
	sion of Corporations		Division of Corporations				
	on Building	P. O. Bo:					
	Executive Center Circle	Tallahass	see, FL 32314				
Talla	hassee, FL 32301						

INHS04 (01/06)

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.	Group 142 Orla	ndo, Ltd					
Name of Limite	Name of Limited Partnership or Limited Liability Limited Partnership						
2. Feb 13, 199	8	3.	A980000	000415			
	Date of filing/registration in Florida Florida docum		lorida docume	ent number			
4. The name of the registered ager Department of State:	nt and the registered office	address as s	hown on the r	ecords of the Florida			
	Warren E. Will	iams					
	Name						
	THE STATE OF THE S						
Address				S S			
	Winter Park, FL 32789						
	City, State and 2	Zip		8			
5. The name and Florida street add	dress of the new registered	l agent and/o	r office:	SEP 22 PM II: 27			
	Ronald N. Sch	wartz					
	Name						
	2632 Mandan	Trail		•			
Flori	ida street address (P.O. Bo	x not accept	able)				
	Winter Park	FL_	32789				
	City, State and	Zip					
6. Such change(s) is an enjoying	when filed by the Florida	Department	of State.				
BY:////////////////////////////////////	Pres,	1 1-					
Signature of General Partner	PRES Custru	the love	-				
I hereby accept the appointment as comply with the provisions of all s and I am familide with an accept to	s registered agent and agr tatutes relative to the prop	ree to act in to oer and comp	his capacity. dete performa	I further agree to ince of my duties,			
	///						
Signature of Registered Agent							
would!							
Filing Fee:	\$35.00						
Certified Copy (optional):	\$52.50						