•					
(Requestor's Name)					
(Address)					
(Address)					
(Cib. (Chata / 7) n / Thomas #\					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Cartificat Coming Contification of Ct-tri-					
Certified Copies Certificates or Status					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

A. LUNT

OCT 13 2011

EXAMINER

Office Use Only



900213159749

10/11/11--01004--008 **35.00

COVER LETTER

TO: Registration Section Division of Corporations				
	erty Investors, Ltd.			
Name of Limited Partnership or I	Limited Liability Limited Partnership			
DOCUMENT NUMBER:	A98000000549			
The enclosed Statement of Change of Registere fee(s) are submitted for filing.	ed Office and/or Registered Agent and			
Please return all correspondence concerning this	s matter to:			
Robert S. Sullivan	·			
Contact Person	TALES .			
Firm/Company				
10912 Justin Knoll Road	SSEX			
Address	<u>。</u>			
Oakton, VA 22124-1006	100 A			
City, State and Zip Code				
bob-sullivan@verizon.net	₽ ,			
E-mail address: (to be used for future annual report				
For further information concerning this matter,	please call:			
Robert S. Sullivan at	(703) 620-0507			
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:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL 32314			
Tallahassee, FL 32301				

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	AMP Property Inv	vestors, l	Ltd.			
Nam	e of Limited Partnership or Limited	l Liability Lir	mited Partnership			
2. February Date of filing/r	egistration in Florida	3	A98000005			
4. The name of the region Department of State:	istered agent and the registered office	ce address as	shown on the record	is of the Florida		
	Jerry E. Aver	y, VP				
Name						
7200 SW 5th Street						
Address						
Plantation, FL 33317						
_	City, State and	l Zip		≥		
5. The name and Floric	da street address of the new registere	ed agent and/	or office:	OLI OCT 11		
	Jerry E. Aver	y, VP				
	Name					
206 Gerado Street Florida street address (P.O. Box not acceptable)						
					_	St. Augustine
	City, State and	l Zip				
6-Such change(s) is/ard	e effective when filed by the Florida	a Department	of State.			
Signature of General Pa	artner					
comply with the provision	ointment as registered agent and ag ons of all statutes relative to the pro unaccept the obligations of my posi	per and com	plete performance o			
Signature of Registered	*gent					
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50