

A9B0000 0 00617

Fern's Park Associates, Ltd.
2155 Fontebranda Loop, Office #101
Casselberry, FL 32730
Address

City/State/Zip

Phone #

Office Use Only

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

1. Fern's Park Associates, Ltd.
(Corporation Name)

(Document #)

900008450669--1

-10/18/02--01058--009

*****70.00 *****35.00

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

02 OCT 18 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
AMU
ATP

Examiner's Initials UB
10-21-02

**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. FERN'S PARK ASSOCIATES, LTD.
Name of the limited partnership

2. 3/5/98 3. A 98000000617
Date of filing/registration in Florida 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:

Ron Schroeder
Name
110 Summerfield way
Address
Braunton, NC 33510
City, State and Zip

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

Ron Schroeder
Name
2155 Fonteblanda Loop #101
Florida street address (P.O. Box not acceptable)
Fern Park FL 32730
City, State and Zip

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

R. Schroeder
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. 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.

R. Schroeder
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**

APPROVED
AND
FILED
02 OCT 18 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA