

A9800000919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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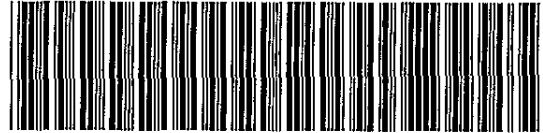
(Business Entity Name)

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CAPITAL CONNECTION, INC.

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Imperial Partners LTD

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Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

LTD

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

Signature

Requested by:

SW 8/19

Name

Date

Time

Walk-In

Will Pick Up

**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. IMPERIAL PARTNERS, LTD.

Name of the limited partnership

2. April 13, 1998

Date of filing/registration in Florida

3. A98000000919

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:

BARBARA J. MISERCOLA

Name

825 PARKWAY STREET, SUITE 4

Address

JUPITER, FL 33477

City, State and Zip

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

ROBERT A. STOK, ESQUIRE

Name

2875 N.E. 191 Street, Suite 304

Florida street address (P.O. Box not acceptable)

Aventura, FL 33180

City, State and Zip

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

Signature of General Partner, *President*

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.

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