

A98000001355

CaseSoft • 5000 Sawgrass Village Circle • Ponte Vedra Beach, FL 32082



000054488320

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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06/24/05--01002--004 **10.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 7, 2005

CASESOFT
5000 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

SUBJECT: CASESOFT, LTD.
Ref. Number: A98000001355

We have received your document for CASESOFT, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong form for your Registered Agent and office I am enclosing the proper form and also the fee is \$35.00 for a LTD change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 405A00039964

**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. CaseSoft, Ltd.
Name of the limited partnership

2. 06/01/1998
Date of filing/registration in Florida

3. A98000001355
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:

Corporation Service Company
Name

1201 Hays Street
Address

Tallahassee, FL 32301-2525
City, State and Zip

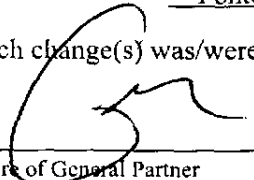
5. The name and address of the new registered agent and/or office:

Gregory A. Krehel
Name

5000 Sawgrass Village Circle, Suite 21
Florida street address (P.O. Box **not** acceptable)

Ponte Vedra Beach, FL 32082
City, State and Zip

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


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.


Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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**