

A9800000/427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

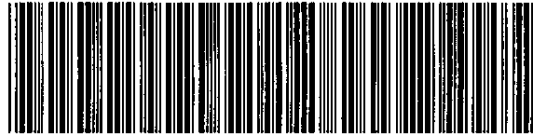
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 18 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trason Florida Limited Partners, LTD

(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A98000001427

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joy I. Richmond

(Contact Person)

Trason Florida Limited Partners, LTD

(Firm/Company)

3187 Bellevue Avenue - A3

(Address)

Syracuse, NY 13219

(City, State and Zip Code)

For further information concerning this matter, please call:

Joy I. Richmond

(Name of Contact Person)

at ( 315 ) 487-0861 extension 210

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

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TALLAHASSEE, FLORIDA

**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. Trason Florida Limited Partners, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/09/1998

Date of filing/registration in Florida

3. A98000001427

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Kancilia, John

Name

1800 West Hibiscus Boulevard, suite 138

Address

Melbourne, FL 32902-1870

City, State and Zip

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

William Elstein

Name

485 Oriskany Court

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

Osprey

FL 34229

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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