

A98WVV 2520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

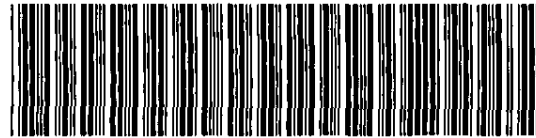
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B. KOHR

DEC 27 2011

EXAMINER



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12/22/11--01042--007 **35.00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
11 DEC 22 PM 1:19

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 22 AM 8:03

December 21, 2011

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 22 AM 8:03

Re: Order #: 8336804 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Stratford Point Limited Partnership (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

**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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 22 AM 8:03

1. STRATFORD POINT LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/09/1998 3. A98000002520
Date of filing/registration in Florida 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:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
Name
390 NORTH ORANGE AVENUE, SUITE 1400
Address
ORLANDO FL 32801
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

Kristin Bolden
Signature of General Partner

Kristin Bolden, Manager of PICERNE STRATFORD POINT, LLC, its GP
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.

James M. Halpin
Signature of Registered Agent Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50