

A98000002 236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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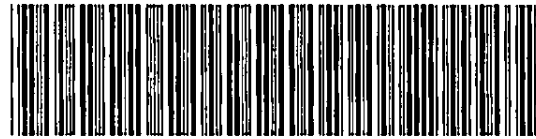
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S Clark Butler Properties Ltd, a Florida Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000002726

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:

Cynthis Croom
Contact Person
Butler Enterprises
Firm/Company
3217 SW 35th Blvd
Address
Gainesville FL 32608
City, State and Zip Code
corporate@butlerenterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Croom at (352) 372-3581 X317
Name of Contact Person Area Code and Daytime Telephone Number

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

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

**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. S. Clark Butler Properties, Ltd., a Florida Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/10/1998 3. A98000002726
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:

Presnick, Cory
Name
3217 SW 35th Blvd
Address
Gainesville FL 32608
City, State and Zip

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

Deborah J. Butler
Name
3217 SW 35th Blvd
Florida street address (P.O. Box not acceptable)
Gainesville FL 32608
City, State and Zip

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

Deborah J. Butler
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.

Deborah J. Butler
Signature of Registered Agent

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

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