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| (Re | equestor's Name) | | | |
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| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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J. BRYAN

OCT 1 8 2011

EXAMINER

COVER LETTER

| TO: | Registration Section | | | | |
|--------|---|-------------------|-----------------|---------------------|---------------------|
| | Division of Corporations | | | | |
| SUBJ | JECT: CO | NECA PRO | OPERTIE . | S, LTD. | |
| | Name of Limited P | artnership or Lim | nited Liability | Limited Partnership | |
| DOC | UMENT NUMBER: | | 49800000 | 02927 | |
| | nclosed Statement of Change are submitted for filing. | of Registered | Office and/ | or Registered Age | ent and |
| Please | e return all correspondence co | ncerning this n | natter to: | | |
| | RANDALL L. W | OOD | | | |
| | Contact Persor | 1 | | | |
| | CONECA PROPERT | ΓΙΈS, LTD. | | | par 🛋 |
| | Firm/Company | | . | | (E) 00 |
| | 5301 N. FEDERAL HW | Y SUITE 38 | 0 | | OCT 17 PH 4: 28 |
| | Address | | | | 1 R |
| | BOCA RATON, FI | L 33487 | | | T. S. 本 |
| | City, State and Zip | | | | 100 F. |
| | RLWOOD@CO | NECA.COM | | | 当 刑 3 |
| E | -mail address: (to be used for future | | tification) | | ····· , |
| For fi | urther information concerning | this matter, ple | ease call: | | |
| | RANDALL L. WOOD | at (| 954) | 340-559 |) 4 |
| | Name of Contact Person | | | Daytime Telephone | Number |
| Enclo | sed is a \$35.00 check made pa | yable to the F | lorida Depa | ertment of State. | |
| STRI | EET ADDRESS: | | MAILIN | NG ADDRESS: | |
| _ | tration Section | | Registrat | tion Section | |
| | ion of Corporations | | | of Corporations | |
| | n Building | | P. O. Bo | | |
| | Executive Center Circle | | Tallahas | see, FL 32314 | |
| Tallal | nassee, FL 32301 | | | | |

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 | CONECA PRO | | | | |
|--|--|--------------------|-------------------|--------------------------------------|---|
| N | ame of Limited Partnership or Lir | nited Liability Li | imited Partnershi | p | |
| 2. | 12/31/1998 | 3. | A980000 | 02927 | |
| Date of filin | g/registration in Florida | | Florida docume | nt number | |
| 4. The name of the r Department of State: | registered agent and the registered | office address as | s shown on the re | cords of the Florida | |
| | DAVID DU | JNLEAVY | | | |
| Name | | | | | |
| | 5301 N. FEDERAL | HWY SUIT | E 380 | | |
| | Add | | | | |
| | BOCA RATO | N, FL 33487 | | | |
| | City, State | and Zip | | 포함 🕳 | |
| 5. The name and Flo | orida street address of the new reg | istered agent and | /or office: | OCT OCT | ί |
| | RANDALL | L. WOOD | | | - |
| | Nar | ne | | PM 4: 28 | Ī |
| | 11110 NW | 26 DRIVE | | 70 + | C |
| | Florida street address (P. | O. Box not acce | ptable) | | |
| | CORAL SPRING | S FL | 33065 | | |
| | City, State | and Zip | | | |
| 6. Such change(s) is | /are effective when filed by the FI | orida Departmen | it of State. | | |
| X Signature of General | Partner | | | | |
| comply with the prov | ppointment as registered agent ar isions of all statutes relative to the th an accept the obligations of my red Agent | e proper and con | nplete performan | further agree to ce of my duties, | |
| Filing Fee: | \$35.00 | | | | |

Certified Copy (optional): \$52.50