

A990000000216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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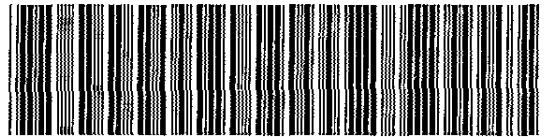
(Business Entity Name)

(Document Number)

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03 DEC -2 AM 10:15  
DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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LP - Stmt of Chang

1.)

Pacific California, Ltd.  
(CORPORATE NAME & DOCUMENT #)

2.)

(CORPORATE NAME & DOCUMENT #)

3.)

(CORPORATE NAME & DOCUMENT #)

4.)

(CORPORATE NAME & DOCUMENT #)

5.)

(CORPORATE NAME & DOCUMENT #)

**SPECIAL INSTRUCTIONS**

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**CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!**

**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. Pacific California, Ltd.  
Name of the limited partnership

2. 2/4/1999  
Date of filing/registration in Florida

3. A99000000216  
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:

Mac Carraway  
Name  
503-10th Street West  
Address  
Palmetto, FL 34221  
City, State and Zip

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

Billy L. Heller, Jr.  
Name  
503-10th Street West  
Florida street address (P.O. Box **not** acceptable)  
Palmetto FL 34221  
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

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