

A990000000383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

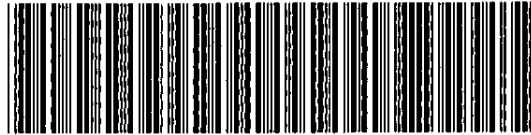
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EXAMINER



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 796796 7124711

AUTHORIZATION

COST LIMIT : \$ 35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ORDER DATE : June 1, 2011

ORDER TIME : 9:16 AM

ORDER NO. : 796796-050

CUSTOMER NO: 7124711

CHANGE OF AGENT

NAME: ST. CHARLES LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: _____

**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.

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DIVISION OF CORPORATIONS
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1. ST. CHARLES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/09/1999

Date of filing/registration in Florida

3. A99000000383

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:

Anne D Camalier

Name

575 Admiralty Parade West

Address

Naples FL 34102

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State and Zip

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

*St Charles Limited Partnership, a Florida limited partnership
By: St. Charles, LLC a Florida limited liability company, its General Partner*

By: Anne D Camalier
Signature of General Partner *Anne D. Camalier, Manager*

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.

Corporation Service Company

By: Sylvia Queppet
Signature of Registered Agent *Sylvia Queppet, Assistant Vice President*

Filing Fee: \$35.00

Certified Copy (optional): \$52.50