## 9900000546

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phon	a #\)
(City/State/Zip/F110/1	€ <del>#)</del>
PICK-UP WAIT	MAIL
(Business Entity Na	ma)
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(Document Number	)
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B. KOHR

AUG 15 2011

EXAMINER



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08/15/11--01017--011 \*\*35.00



## CT Corporation

1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 878 5368 fax www.ctcorporation.com

August 15, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301 11 NUE 15 PH 2:22

Re: Order

Order #: 8218485 SO

Customer Reference 1:

None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

GREENWILLOW EQUITIES, LTD. (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

## COVER LETTER

ТО;	Registration Section Division of Corporations					
SUBJ	IECT:G	REENWILLO	w equit	TES, LT	rd.	
	Name of Limited Par	tnership or Lin	nited Liab	ility Lin	nited Partnership	
DOC	UMENT NUMBER:		A9900	000054	6	
	nclosed Statement of Change of are submitted for filing.	Registered	Office a	nd/or I	Registered Agent and	
Please	e return all correspondence conc	erning this r	natter to	:		
	Tricia Schibik	<u>.</u>				
	Contact Person					
	Rida Development Corp	oration				
	Firm/Company		<del></del>			
	3120 S.W. FREEWAY, SU	JITE 200				
	Address			_		
	HOUSTON TX 770	98				
	City, State and Zip Co	<del></del>				
	tschibik@ridade					
Е	-mail address: (to be used for future ar		tification)		<del></del>	
For fu	rther information concerning th	is matter, plo	ease call	:		
	Tricia Schibik	at (	713	)	961-3835	
	Name of Contact Person		rea Code	and Day	time Telephone Number	
Enclos	sed is a \$35.00 check made paya	able to the F	lorida D	epartm	ent of State.	
STRE	ET ADDRESS:		MAII	JING .	ADDRESS:	
Regist	ration Section		Regis	tration	Section	
Division of Corporations			Division of Corporations			
Clifton Building				Box 63		
2661 Executive Center Circle			Tallahassee, FL 32314			

INHS04 (01/06)

Tallahassee, 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	GREENWILLOW	/ EQUITIES, LTI	).				
Namo	of Limited Partnership or Lin	nited Liability Lin	nited Partnership				
2. 04	1/05/1999	3	A9900000546				
Date of filing/re	gistration in Florida		Florida document number				
4. The name of the regis	stered agent and the registered	office address as	shown on the records of the Floric				
	NICHOLAS	S A. POPE					
· · · · · · · · · · · · · · · · · · ·	Nan	ne					
	215 N. BOL	A DRIVE					
	∧ddr	ess					
ORLANDO FL 32801							
	City, State	and Zip					
5. The name and Florida	a street address of the new regi	stered agent and/o	or office:				
	C T Corporat	ion System	<del></del>				
	Nen	ne					
_	1200 South Pine	e Island Road					
-	Florida street address (P.	O. Box not accept	able)				
.1	Plantation,	FL_	33324				
<i>I</i> T	City, State						
Jll	effective when filed by the Flo	orida Department (	of State.				
Signature of General Par	Iner F						
comply with the provision	intment as registered agent and ns of all statutes relative to the 1 accept the obligations of my p	proper and comp	his capacity. I further agree to lete performance of my duties, red agent.				
JUNICLU	Lisa Lisa	DuBois	<b>)</b> .				
Signature of Registered A	Ass Ass	t. Secre	etary				
Filing Fee:	\$35.00						

Certified Copy (optional): \$52.50