

A99000001699

Requester's Name



Nancy Ackerman  
5610 Cynthia Ln.  
Naples, FL 34112

City/State/Zip

e #

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #) 900004536099--8  
-08/15/01--01040--010  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

FILED  
01 AUG 15 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A99-1699  
AL

Examiner's Initials

**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. L. FAYARD Limited Family Partnership  
Name of the limited partnership

2. DECEMBER 1999  
Date of filing/registration in Florida

3. A990000001699  
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:

MICHAEL MOORE  
Name

NAPLES FLORIDA  
Address  
City, State and Zip

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

NANCY ACKERMAN  
Name

5610 CYNTHIA LANE  
Florida street address (P.O. Box not acceptable)

NAPLES FLORIDA 34112  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Nancy Ackerman  
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.

Nancy Ackerman  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

FILED  
01 AUG 15 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PHONE  
944-732-  
7768