

A 99000000 1916

Musco + Co. P.A.

Requester's Name

P.O. Box 48840

Address

Sarasota, FL 34230-5840

City/State/Zip

Phone #

600003456476--9

=11/07/00--01146--001

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

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  
00 NOV -9 PM 9:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mnt  
11/20

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. STRATEGIC PLACEMENT VENTURES, LTD  
Name of the limited partnership

2. 11/16/99  
Date of filing/registration in Florida

3. A 9900000 1816  
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:

LEONARD RIVERSON  
Name

4350 WEST CYPRUS STREET, SUITE 440  
Address

TAMPA, FLORIDA 33607  
City, State and Zip

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

STEPHEN M. MUSCO  
Name

1549 RINGLING BLVD, SUITE 602  
Florida street address (P.O. Box not acceptable)

SARASOTA FL 34236  
City, State and Zip

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

[Signature]  
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]  
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

FILED  
00 NOV -9 PM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA