

A99000002047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: The Ellsworth E. and Patricia L. McIntyre Family Limited Partnership
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A 99 00000 2047

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Abigail Walker

(Contact Person)

(Firm/Company)

27606 Wisconsin St.

(Address)

Bonita Springs, FL 34135

(City, State and Zip Code)

For further information concerning this matter, please call:

Abigail Walker

(Name of Contact Person)

at (239) 948-7878

(Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**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. The Ellsworth E and Patricia L McIntyre Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. Dec. 9, 1999
Date of filing/registration in Florida

3. A99000002047
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:

Jonathan H. Green & Assoc
Name

799 Brickell Plaza Ste 700
Address

Miami, FL 33131
City, State and Zip

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

Gary Wilson
Porter, Wright Morris & Arthur
Name

5801 Pelican Bay Blvd. Ste 300
Florida street address (P.O. Box not acceptable)

Naples FL 34108
City, State and Zip

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

Ellsworth E. McIntyre
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.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA