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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

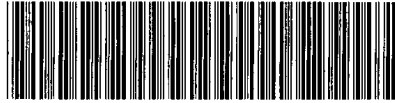
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joseph T. Ducanis, Jr., Esq. at (954) 462-1431
(Name of Contact Person) (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

INHS04 (01/06)

**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. J & C FOX FAMILY PARTNERSHIP, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. March 30, 2000 3. B00000000095
Date of filing/registration in Florida 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:

FOX, Joel S.
Name
4220 N.E. 25th Ave.
Address
Ft. Lauderdale, FL 33308-5707
City, State and Zip

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

CAMILLE L. FOX
Name
4220 N.E. 25th Ave.
Florida street address (P.O. Box not acceptable)
Ft. Lauderdale, FL 33308-5707
City, State and Zip

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

Camille L. Fox
Signature of General Partner

CAMILLE L. FOX, President, J & C Fox Family Corp.

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.

Camille L. Fox
Signature of Registered Agent
CAMILLE L. FOX

Filing Fee: \$35.00 ✓
Certified Copy (optional): \$52.50 ✓

See check, \$87.50 enclosed

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