

BO1000000233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name
Availability

Document
Examiner

DCC

Updater

Office Use Only

Updater
Notary

DCC

Acknowledgement

DCC

W. P. Verifier

DCC



800014228098

FILED

03 APR - 8 PM 1:59

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 APR - 8 AM 11:17

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2039239-2
(Sub Account)

DATE: 4/8

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () (-) ext ()

CONTACT NAME: _____

CORPORATION NAME: Jack Henry Services, L.P.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready	() Call if Problem	() After 4:30
() Walk In	() Will Wait	() Pick Up
() Mail Out		

FILED
03 APR -8 PM 1:59
TALLAHASSEE, FLORIDA

Chg. R.A
35.00

**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. JACK HENRY SERVICES, L.P.
Name of the limited partnership

2. 6/29/2001
Date of filing/registration in Florida

3. B01000000233
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:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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

LexisNexis Document Solutions Inc.
Name
3953 W.W. Kelley Road
Florida street address (P.O. Box **not** acceptable)
Tallahassee FL 32311
City, State and Zip

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

Kevin D. Williams TREASURER
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.

Michelle Kopf, Asst. Secretary
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
03 APR - 8 PM 1:59
DEPT. OF STATE
TALLAHASSEE, FLORIDA