B0400000033

(Re	equestor's Name)
- POBOX	190 - Ty 75724 -
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
Name Availabilit y	
Document Examiner	u.,
Updater	Office Use Only
Updater Venfyer	
Acknowledgement	Dou
W. P. Verifyer	יייי



000039799110

08/06/04--01059--001 **35.00

131 / 105 - 5 P 2: 1

Ro change

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. filing/registration in Florida 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: City, State and Zip 5. The name and address of the new registered agent and/or office: Florida street address (P.O. Box not acceptable) City, State and Zip 6. Such change(s) was/were authorized by the general partners. 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.

> 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

INHS04(9/98)

Signature of Registered Agent