

BO400000000403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPT. TREASURY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
OCT 14 2008  
EXAMINER

FILED  
08 OCT 13 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations  
**SUBJECT:** PACIFIC SHORELINE INVESTMENTS, A LIMITED PARTNERSHIP  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** B04000000403

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:

SHERRIE A. HINES

(Contact Person)

PACIFIC SHORELINE INVESTMENTS, A LIMITED PARTNERSHIP

(Firm/Company)

1072 PENINSULA DRIVE

(Address)

ORMOND BEACH FL 32174

(City, State and Zip Code)

For further information concerning this matter, please call:

SHERRIE A. HINES at ( 386 ) 672-7129

(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)

FILED  
OCT 13 AM 8:35  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

**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. Pacific Shoreline Investments, a Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/20/2004

Date of filing/registration in Florida

3. B04000000403

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:

UCC Filing & Search Services, Inc.

Name

1574 Village Square Blvd Ste 100

Address

Tallahassee FL 32309

City, State and Zip

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

Sherrie A. Hines

Name

1072 Peninsula Drive

Florida street address (P.O. Box not acceptable)

Ormond Beach FL 32174

City, State and Zip

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



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 of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA