

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000178504 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

REGISTERED AGENT CHANGE

SRK VIERA VILLAGE ASSOCIATES L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filin MerMCLEOD

AUG 1 0 2009

8/7/2009

EXAMINER

09 AUG -7 A

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.

1SRK Viem VI	llage Associa	cs L.P.	
Name of Limited Partnership or	Limited Liebi	lity Llmit	ed Partnorship
2 02/20/2005	3,		B05000000060
Date of filing/registration in Florida	,	Fk	ride document number
4. The name of the registered agent and the register Department of State;	red office addi	*255 855 33H	own on the records of the Florid
HRA'	WG Corp.		
1	Vame		
1801 N. Milite	ary Trail, Suit	200	
<u> </u>	ddress		
Boca Rate	on, FL: 33431		
City, St	tate and Zip		
5. The name and Florida street address of the new r	• •		office:
	nation System	· 	
,	Vanna		•
	ine Island Ro		
Florida street address	(P.O. Bot not	acceptab	le)
Plantetion,		_FL	33324
City, St	tate and Zip		- -
6. Such change(s) is/are effective when filed by the	Florida Depa	riment of	Space.
Stewen Chan a - 10			·
Signature of General Partner	- :		N. 4
I hereby accept the appointment as registered agent comply with the provisions of all statues relative to and I am familiar with an accept the obligations of the control of the control of Registere) Agent	the proper an	d comple registers WILL	te performance of my duttes, d agent AMS
•			
Filing Fee: \$35.00 Certified Copy (optional): \$52.50			