

BD5000000129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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FILED
10 JUN 10 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**To: FL
Corporation Division.**

Re: Rumson Capital L.P.

Enclosed please find one Statement of Change form and a check for \$35.00 for the filing fee.

If there are any questions regarding this filing please call Lara Kleinheinz at 1-866-924-9247 ext. 225

Please return all completed documents to:

CTProComply
Attn: Filing Department
8040 Excelsior Drive, Suite 200
Madison, WI 53717

Best Regards,

Filing Department
CTProComply

**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. Rumson Capital L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/11/2005 3. B05000000129
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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE FL 32301-2525

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation FL 33324

City, State and Zip

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



Signature of General Partner Candice Mangel, Member, signing on behalf of RUMSON CAPITAL LLC, 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 Mark Williams, AVP, CT Corporation System

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

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