b05000000321

(Re	questor's Name)			
(Ad	dress)			
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(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
/Du	cinaca Entity No.			
:υα)	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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B. BOSTICK
MAY 19 2011
EXAMINER



Corporate Filing Transmittal Form

To:	Secretary of State	of FL		rom:	Jon Miles		
Order #:	COA-SL111395		Ľ	ate:	May 3, 2011		
Target Nar	ne					Dom J	uris
Gatlin De	velopment Co.,	inc.				CA	1
Goldenro	d Bundy, Inc.					CA	١
Goldenro	d Marketplace F	Partners, LP				CA	١
Attached fo	or filing, please fin	d the followin	g:				
Change of Registered Agent							
	ırn the original evid	dence to the f	ollowing:				
Jon Miles							
	orate Services, Inc. ⁄andalia Street, Suit	o 245					
	lle, IL 62025	E 273					
	•						
Special Ins	tructions/Notes:						
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Please Send	d Via:						
☐ Email:		☐ Fax:	☐ FedEx		⊠ Ma	il	

Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!

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. Goldenrod Marketplace Partners	, LP				
Name of Limited Partnership or Limit	ed Liability Limited Partnership				
2 7/26/2005	_{3.} B05000000321				
Date of filing/registration in Florida	Florida document number				
4. The name of the registered agent and the registered of Department of State:	fice address as shown on the records of the Florida				
UCC Filing & Search	Services, Inc.				
Name					
1574 Village Square	Blvd., Suite 100				
Addres	is .				
Tallahassee, FL 323	109				
City, State at	nd Zip				
5. The name and Florida street address of the new registered agent and/or office: NRAI Services, Inc.					
NRAI Services, Inc.	S				
Name					
2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box not acceptable) Weston Weston					
Florida street address (P.O. Box not acceptable) Weston Fig. 33331					
Weston	FL 33331 등				
City, State a	nd Zip				
6. Such change of Mare effective when filed by the literal Department of State.					
Signature of General Partner Loren K. Van Der Si	ik President				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with an accept the obligations of my po NRAI Services Inc. by: Signature of Registered Agent Sean L. Emerick Aset Serv	proper and complete performance of my duties,				

Filing Fee:

Certified Copy (optional): \$52.50