1306000000097

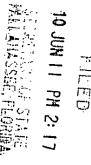
(Re	equestor's Name)	-
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>
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Office Use Only



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S. HAWKES
JUN 1 4 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: NEWTON RESEARCH PARTNERS, LP						
Name of Limited Partnership o	r Limited Liability Limited Partnership					
DOCUMENT NUMBER: B0600000097						
The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.						
Please return all correspondence concerning t	his matter to:					
Gary Capuano	·					
Contact Person						
Firm/Company						
P. O. Box 3492						
Address	·					
Ponte Vedra, Fl 32004						
City, State and Zip Code						
gecapuano@earthlink.n						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please call:						
Gary Capuano	at (407)474-8222					
Name of Contact Person	Area Code and Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to t	he Florida Department of State.					
STREET ADDRESS: MAILING ADDRESS:						
gistration Section Registration Section						
Division of Corporations	Division of Corporations					
Clifton Building	P. O. Box 6327					
2661 Executive Center Circle	Tallahassee, FL 32314					
Tallahassee, FL 32301						

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	NEWTON RESEARCH PARTNERS, LP						
	Name of Limite	ed Partnership or Li	mited Liability Li	imited Partnersh	nip		
2	03/01/200	6	3	B06000	000097		
_	Date of filing/registration	in Florida		Florida docum	ent number 🔆 💆		
	The name of the registered age partment of State:	nt and the registered	d office address as	s shown on the I	records of the Florid		
			apuano				
		Na	ıme				
		530 E Central	Blvd Ste 160	1			
		Ado	iress		**		
		City, Star	te and Zip				
5. 1	The name and Florida street ad	dress of the new rep	gistered agent and	or office:			
		Na	ıme				
		827 Tourn	ament Rd.	•	,		
	Flor	ida street address (I	P.O. Box not acce	ptable)			
		Ponte Vedra	FL	32082			
			te and Zip				
-	Such change(s) is/are effective			nt of State.			
Sje	nature of General Partner Ne	won Research	in LLC				
con	ereby accept the appointment a nply with the provisions of all s I I am familiar with an accept t	tatutes relative to t	he proper and con	nplete performa			
Sig	nature of Registered Agent		-				
	ling Fee: ertified Copy (optional):	\$35.00 \$52.50					