

BO7000000279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

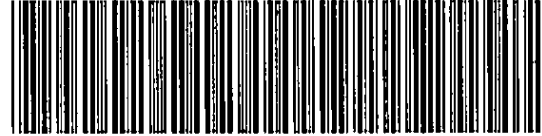
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sams' Family Limited Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B07000000279

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:

Gary M. Sams

Contact Person

Firm/Company

P.O. Box 190007

Address

Atlanta, GA 31119

City, State and Zip Code

gsams@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary M. Sams

at (404) 839-0093

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

**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. Sams' Family Limited Partnership, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/05/2007
Date of filing/registration in Florida

3. B07000000279
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:

Hal Spence
Name
221 N. Causeway, Ste A
Address
New Smyrna Beach, FL 32169
City, State and Zip

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

Kenneth Bohannon
Name
221 N. Causeway, Suite A
Florida street address (P.O. Box not acceptable)
New Smyrna Beach FL 32169
City, State and Zip

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

Sam M. Sams
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.

BS
Signature of Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 12 AM 7:14

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