

B080000006242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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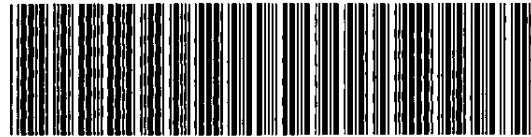
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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T. HAMPTON

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EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OHM Lodge & Suites Venture 1, Ltd  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B08000000242

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:

Micha French  
Contact Person  
OHM Lodge & Suites Venture 1, Ltd  
Firm/Company  
P.O. Box 1475  
Address  
Borger, TX 79008-1475  
City, State and Zip Code  
michaf@amaonline.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micha French at ( 806 ) 677-1776  
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. OHM Lodge & Suites Venture 1, Ltd  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/23/2009  
Date of filing/registration in Florida

3. B08000000242  
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:

Kathy Bloomberg  
Name  
2616 NW First Street  
Address  
Cape Coral, FL 33993  
City, State and Zip

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

Sharee Thieleman  
Name  
2701 SW 38th Terrace  
Florida street address (P.O. Box not acceptable)  
Cape Coral FL 33914  
City, State and Zip

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

[Signature]  
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 an accept the obligations of my position as registered agent.*

Sharee Thieleman  
Signature of Registered Agent

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

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