my.

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

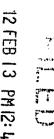
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**EXAMINER** 



000220550990

02/13/12--01041--016 \*\*35.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Horwood Hotel Works LP
Name of Limited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: 80900000129
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:
Kelly Horwood Contact Person
Horwood Hotel Works Inc. Firm/Company
21252 US Highway 19 N
Address
Clearwater, Florida 33765 City, State and Zip Code
land and 120 lands and Conse
horwood 136 hotmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelly Horwood at 727, 831-4189
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: MAILING ADDRESS:
Registration 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. Horwood Hotel Works LP  Name of Limited Partnership or Limited Liability Limited Partnership	
Name of Limited Partnership or Limited Liability Limited Partnership	
2. 9/22/09 3. B0900000129	
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 Fi Department of State:	orida
ARD, Shirley & Rudolph, P.A.	•
207 West Park Avenue, Suite B	
Tallahassee FL 32301 City, State and Zip	يسے دار
5. The name and Florida street address of the new registered agent and/or office:	2 FEB
Kelly Horwood	် မ
21252 US Highway 19 N	PM 12: 40
Florida street address (P.O. Box hot acceptable)	0.4
ClearWater FL 33715 City, State and Zip	
6. Such change(s) is/are effective when filed by the Florida Department of State.	
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 obligatio <u>ns of my</u> position as registered agent.	<b>,</b>
Signature of Registered Agent	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50