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Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAUL A. KRASKER, P.A.
Account Number : 120090000078
Phone : (561)801-7312
Fax Number : (561)515-2939

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pkrasker@kraskerlaw.com

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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE
CITY PLACE NORTH PARTNERS LP

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITY PLACE NORTH PARTNERS LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B10000000077

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:

Paul A. Krasker

Contact Person

The Law Office of Paul A. Krasker, P.A.

Firm/Company

501 S. Flagler Drive, Suite 201

Address

West Palm Beach, FL 33401

City, State and Zip Code

pkrasker@kraskerlaw.com

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

For further information concerning this matter, please call:

Paul A. Krasker

at (561)

515-2920

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

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**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. CITY PLACE NORTH PARTNERS LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/3/2010 3. B10000000077
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 Florida Department of State:

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2515
City, State and Zip

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

Paul A. Krasker
Name
501 S. Flagler Drive, Suite 201
Florida street address (P.O. Box not acceptable)
West Palm Beach FL 33401
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 and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

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