B1000000182

(Requestor's Name)
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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2010 Palm Poi	nte Limited Partnership
Name of Limited Partnership or	r Limited Liability Limited Partnership
DOCUMENT NUMBER:	B1000000182
The enclosed Statement of Change of Registe fee(s) are submitted for filing.	red Office and/or Registered Agent and
Please return all correspondence concerning t	his matter to:
Duff Domoney	
Contact Person	
GBR Properties, Inc. G/P of 2010 Pal	m Pointe
Firm/Company	
3114 East 81st Street	
Address	
Tulsa, OK 74137	
City, State and Zip Code	
duffd@gbrproperties.co	m ·
E-mail address: (to be used for future annual repo	
For further information concerning this matte	r, please call:
Duff Domoney 2	at (918) 493-2525
Name of Contact Person	at (918 493-2525 Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to t	
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.

ı2010 Palm Poir					
Name of Limited Partnership of	or Limited Liabili	ity Lin	nited Partners	hip	
2. 11/03/2010	3.		B10000	0000182	
Date of filing/registration in Florida			Florida docun	ent number	
4. The name of the registered agent and the regist Department of State:	ered office addre	ess as	shown on the	records of the Florida	
Watson	n, James N Ji	r.			
	Name				
3474 Pa	ces Ferry Ro	ad		>	
	Address			316	
Tallahas	see, FL 323	09			, est.)
	State and Zlp	******		4 OCT ZO	سب سو ر
5. The name and Florida street address of the new	v registered agent	t and/c	or office:		1 1
Juan C. V	/illaveces, Es	sq.		FLOOR STA	, (
	Name			24 ∼)
240 S. Pineappl	le Avenue, 1	Oth F	loor	∑ (0, ∪	1
Florida street addres					
Sarasota		FL	34236		
City,	State and Zip	-" -"—			
6. Such change(s) is/are effective when filed by the	ne Florida Depart	ment (of State.		
- V.I.					
Signature of General Partner	نس مدم				
I hereby accept the appointment as registered agencomply with the provisions of all statutes relative t and I am familiar withan accept the obligations of Signature of Registered Agent	o the proper and	comp	lete performa		
Filing Fee: \$35.00					
Certified Copy (optional): \$52.50					