## B12000000194

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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14 OCT 27 PH 1:55
SECRETARY OF STATE

OCT 3 0 2014

T. HAMPTON

## **COVER LETTER**

Division of Corporations					
SUBJECT: 201	BJECT: 2012 Westwood L.P.				
Name of Limited Partnership or Limited Liability Limited Partnership					
DOCUMENT NUMBER:	B12000000194				
The enclosed Statement of Change of Regifee(s) are submitted for filing.	stered Office and/or Registered Agent and				
Please return all correspondence concernin	g this matter to:				
Duff Domoney					
Contact Person					
GBR Properties, Inc. G/P of 2012	Westwood				
Firm/Company					
3114 East 81st Street					
Address					
Tulsa, OK 74137					
City, State and Zip Code	<del></del>				
duffd@gbrproperties.	com				
E-mail address: (to be used for future annual r					
For further information concerning this ma	tter, please call:				
Duff Domoney	at (918)493-2525				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to	o 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 32301	Tallahassee, FL 32314				
rananassee, FL 34301					

## 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	2012 We	stwood L.P.	·	
	Name of Limited Partnership or L	imited Liability L	imited Partnership	
2	08/28/12	3	B1200000019	
Date of f	iling/registration in Florida		Florida document nun	iber
4. The name of the Department of Sta	ne registered agent and the registere ate:	d office address as	s shown on the records	of the Florida
	Watson, J	ames N, Jr.		
		ımc		•
	3474 Pace:	Ferry Road		
	Ad	dress		TS I
	Tallahasse	e, FL 32309		E a T
	Clty, Sta	te and Zip		超出二
5. The name and	Florida street address of the new re	gistered agent and	/or office:	FILED 1:55 14 OCT 27 PM 1:55 SECRETARSEE. FLORIG
	Juan C. VIII	aveces, Esq.		河南 主
	Ni	ıme		FLO
	240 S. Pineapple	Avenue, 10th	Floor	製品の
	Florida street address (I	O. Box not accept	ptable)	7
	Sarasota	FL	34236	
	City, Sta	e and Zip		
6. Such change(s)	) is/are effective when filed by the F	lorida Departmen	t of State.	
13.	>			
Signature of Gene	ral Partner			
comply with the pr	e appointment as registered agent a rovisions of all statutes relative to the withour accept the obligations of my	ie proper and con	plete performance of n	
Signature of Regional Signature of Regional Fee: Certified Conv	\$35.00			