(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	v



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## **COVER LETTER**

Division of Corporations				
SUBJECT: 2013 Casselberry Plaza L.P.				
Name of Limited Part	nership or Limited Liability Limited Partnership			
DOCUMENT NUMBER:	B1300000095			
The enclosed Statement of Change of fee(s) are submitted for filing.	Registered Office and/or Registered Agent and			
Please return all correspondence conce	erning this matter to:			
-Duff Domoney				
Contact Person				
GBR Properties, Inc. G/P of 20	013 Casselberry			
Firm/Company				
3114 East 81st St	reet			
Address				
Tulsa, OK 7413	7			
City, State and Zip Co				
duffd@gbrpropei	ties.com			
E-mail address: (to be used for future an	nual report notification)			
For further information concerning this	s matter, 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 paya	able 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.

ı2013 Casselberr			····	
Name of Limited Partnership or Limited	d Liability L	Limited Partnership		
204/01/13	3,	B1300000095		
Date of filing/registration in Florida		Florida document number	<del></del>	
4. The name of the registered agent and the registered office Department of State:	ce address a	as shown on the records of the Fl	orida	
Watson, Jame	s N. Jr.			
Name		**************************************		
3474 Paces Fel	rrv Road			
Address		<del></del>		
Tallahassee, Fl	L 32309			
City, State and		·· <del>········</del>		
5. The name and Florida street address of the new registere	ed agent and	d/or office:		
Juan C. Villavec	es, Esq.			
Name	<u></u>	<del></del>		7
240 S, Pineapple Aven	iue. 10th	Floor	9	13.55 13.55
Florida street address (P.O. B			14 OCT 20 PH 12: 33	933
Sarasota	ti	34236	20	
City, State and	Zip	,		
C Cook shows ( ) 'd - cCc shows have Claim ( Claim)	<b>.</b>		22	1, 1
6. Such change(s) is/are effective when filed by the Florida	і Берапіпет	nt of State.	٠.٠ دن	4
1.1.			ದು	
Signature of General Partner				
I hereby accept the appointment as registered agent and agi comply with the provisions of all statutes relative to the pro- and I am familiar with an accept the obligations of my positi	per and con	uplete performance of my duties,		
Signature of Registered Agent				
Filing Fee: \$35.00				
Certified Copy (optional): \$52.50				