Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000276842 3)))



H100002766423ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

EXAMINER

From:

Account Name

: CTPROCOMPLY

Account Number : I20100000053

Phone Fax Number : (608)827-5300 : (608)827-5501

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

REGISTERED AGENT CHANGE RUNNING W CITRUS LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H100002768423

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.

1RUNNI	NG W CITRUS LI	MITED P	ARTNERSHIP)
Name of I	imited Partnership or Limi	ted Liability L	imited Partnership	
2. 12/22/	1993	3	B93000000	571
Date of filing/registr	g/registration in Florida Florida docume		Florida document n	umber
4. The name of the registere Department of State:	d agent and the registered o	ffice address a	s shown on the recon	ds of the Florida
	RICHARD	CHOMA		
	Name	8		·
	4210 METRO PARE	(WAY, STE	<u>. 250</u>	
	Addre	SS		
	FORT MYERS I	FL 33916 U	IS	
	City, State a	and Zip		
5. The name and Florida stre	et address of the new regist	tered agent and	l/or office:	
	C T Corporation	on System		
	Namo			
	1200 South Pine	Island Roa	ad	
-1,	Florida street address (P.O	. Box not acce	ptable)	
	Plantation	FL	33324	
	City, State a	ınd Zip		
6. Such change(s) is/are effe	/ William Gardin	er, VP, King R er, Consolidate	anch, Inc., Member K	(R Florida Operations, LLC, r of Running W Citrus
I hereby accept the appointm comply with the provisions of and I am familiar with an acc	all statutes relative to the i	proper and coi	nplete performance o	ther agree to of my duties,
<u>ــــــــــــــــــــــــــــــــــــ</u>	<u> </u>			
Signature of Registered Agen	t			
Mark Williams A.V.P.	C T Corporation Sys	tem	•	8
Filing Fee:	\$35.00			
Certified Copy (option:	al): \$52.50			TIORIE