

B96000000023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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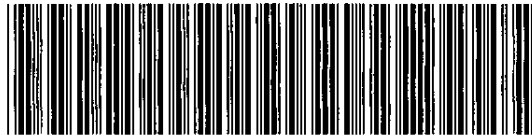
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 02 2008  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BACON FAMILY PARTNERS L.P.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: B96000000023

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:

ROBERT BACON  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

601 INLET DRIVE  
(Address)

MARCO ISLAND, FL 34145  
(City, State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ROBERT BACON at (239) 642-9803  
(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: ✓ #232  
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

INHS04 (01/06)

**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. BACON FAMILY PARTNERS L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12 JANUARY 1996 3. 896000000023  
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:

WM G. MORRIS  
Name

247 N. COLLIER BLVD  
Address

MARCO ISLAND, FL 34145  
City, State and Zip

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

ROBERT BACON  
Name

601 INLET DRIVE  
Florida street address (P.O. Box not acceptable)

MARCO ISLAND FL FL 34145  
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.

Barbara R. Bacon G.P.  
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**