

B97 000000420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

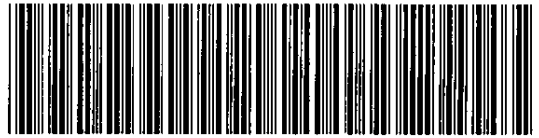
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE
JUL 14 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chatta- Hurt, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B97000000420

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:

T. Jack Hurt

Contact Person

c/o Admiral Benbow Inns

Firm/Company

4155 Ridge Road

Address

Smyrna, Georgia 30080

City, State and Zip Code

Sanjack@charter.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

T. Jack Hurt

Name of Contact Person

at (404)

Area Code and Daytime Telephone Number

273-3333

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

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

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TALLAHASSEE, FLORIDA

**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. Chatta-Hurt, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/15/97 3. B97000000420
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:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, Florida 33324 US
City, State and Zip

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

T. Jack Hurt
Name
116 E. Washington Street
Florida street address (P.O. Box not acceptable)
Chattahoochee FL 32324
City, State and Zip

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TALLAHASSEE, FLORIDA

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

By Chatta, Inc. OR
Signature of General Partner
T. JACK HURT, PRESIDENT

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.

T. Jack Hurt
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50