

B980000000023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

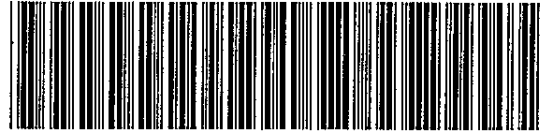
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/8 RA Change

B98-23

Office Use Only



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04 NOV -8 PM 1:30
TALLAHASSEE FLORIDA



NATIONAL SERVICE INFORMATION, INC.
www.nsii.net

November 5, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118.

Sincerely,

Traci Smith
Corporate Services Manager

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. OL HOLDINGS, LIMITED PARTNERSHIP

Name of the limited partnership

2. 01/13/1998

Date of filing/registration in Florida

3. B98000000023

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION FL 33324

City, State and Zip

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

NRAI Services, Inc.

Name

526 E. Park Avenue


Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip


6. Such change(s) was/were authorized by the general partners.



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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

NRAI Services, Inc.

by: 

Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

FILED
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TALLAHASSEE, FLORIDA