# 100003 (Fage 1 of A

### Florida Department of State

Division of Corporations Public Access System

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#### REGISTERED AGENT CHANGE

#### TRUSTREET FINANCIAL SERVICES, LP

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**EXAMINER** 

4/3/2008

## 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.

L TRUSTREET FINANCIAL S	ervices, LP			
Name of Limi	ted Partnership or L	inited Liabili	ty Limited Partn	ership
2, 10/18/2006		3.	_ 6994	000000317
Date of filing/registration in Florida			Florida do	nument number
4. The name of the registered agr Dupartment of State:	ent and the registore	d office addre	ss as shown on I	he records of the Flor
GOOLJA	R, DEVI			
<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	Ni	me		<del></del>
450 SOUT	TH ORANGE AVEN	TUE		
<del></del>	Ado	iress	.,	_
ORLAND	O, FL 32801			<u></u>
	City, Sur	te and Zip		<del></del>
5. The name and Florida street at	ddress of the new rep	gistered ageur	and/or office:	
$\ell_{\mathcal{C}}$	СТ Согран	edon System		
	N:	ine -		
,	1200 South Fi	ne Island Ros	ď	
Flo	rida street address (F	.O. Box not a	icceptable)	_
	Plantotion		FL 33324	
<del></del>	City, Stat	e and Zip		_
6. Such change(s) is/ere effective	when filed by the F	lorida Depara	ment of State.	
Signature of Optional Puriner V	POR GP	· ~		
I haraby accept the appointment a comply with the provisions of all s	riajinje syrelative to th	u propar and	complete perfor	mance of my duties.
and fam familiaf with an accupis	perocusations of my	i pasition as c L	eBižieraci viškur	
Signature of Registered Agent	~ WWD	ι		
	<b>4</b> 5 7			
Filing Fee;	\$35.00		Anthony	LiCausi Seacht
Certified Copy (optional):	\$52.50		THE "	· dent

DIVISION OF CORPORATION