B99000000396

(Requestor's Name) SHARON HUNTER GANNON INTL 11301 OLIVE BLVD ST. LOUIS, MO 63141 (Address)	200 JUN -3 -A II: 18 — SE DRETARY A LILIAN AND A LILIAN AND AND A LILIAN AND A LIL
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	

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

TALLAHASSEE, FLORIDA

Gannon Joint Ve	enture Limited Partnership
	Name of the limited partnership
2. <u>10/28/99</u> Date of filing/reg	stration in Florida 3. B9900000396 Document number assigned
4. The name of the rep Department of State	gistered agent and the registered office address as shown on the records of the Florida Sybil C. Field
	Name 15750 SW 105th Terrace, Suite CL-201
	Address Miami, FL 33196
	City, State and Zip
5. The name and addr	ess of the new registered agent and/or office:
	Sybil C. Field
-	Name
	6763 SW 88th Street
•	Florida street address (P.O. Box not acceptable)
ለ	Miami, FL 33156 _{FL}
6. Such change(s) was	City, State and Zip s/were authorized by the general partners.
Signature of General Partne	
with the provisions of	cointment as registered agent and agree to act in this capacity. I further agree to comp all statutes relative to the proper and complete performance of my duties, and I a to the obligations of my position as registered agent. Or, if this document is being file inge in the registered office address, I hereby confirm that the limited partnership ha tof this change.
Suplie C	Tull
Signaruje of Registered Ag	ent

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