1399000004444

LARRY Rule

222 LAKEUREN AVE

WPB, PM. #160-304

33401

CR2E031(7/97)

500006326665--9 -07/11/02--01030--002 *****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Co	orporation Name)	(Document #)		(p 99)
2. (Corporation Name)		Jul 11, 2002 08:00 AM		
3(Co	orporation Name)	(Document #)	Secretary of	State
4(C	orporation Name) Pick up time	(Document #)	☐ Certified Copy	. 5% t
☐ Mail out	☐ Will wait	Photocopy	Certificate of Status	;
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other		AMENDMENTS Amendment Resignation of R Change of Regis Dissolution/With Merger		· · · · · · · · · · · · · · · · · · ·
OTHER FILINGS Annual Report Fictitious Name		Foreign Limited Partners Reinstatement Trademark Other	ship *	1112
			Examiner's Initials	

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. BETTY ANN RULE FAMILY LIMIT	TED PARTNERSHIP	
-	Name of the limited partnership	
2. 12/14/1999 Date of filing/registration in Florid	da B99000000444 Document number	assigned
Department of State:	and the registered office address as shown	on the records of the Florida
MANLEY H.	THALER Name	open.
ZOO MORMIT	OLIVE AVENUE	FILED
700 NORTH	Address	
		Jul 11, 2002 08:00 AM
WEST PALM	BEACH, FL 33401	_ Secretary of State
	City, State and Zip	
5. The name and address of the new	Arthur Wi	Allace, III. . ATZANTIC BLO. STE. 400
Flan	ida street address (P.O. Box not acceptable)	. 100
FIOR	Ida street address (F.O. BOX <u>not</u> acceptable)	NO Boh, PA.
6. Such change(s) was/were authori PETT AND FUE WANDEM BY: Signature of Feneral Partner LOWERS	ized by the general partners.	33062- 5243
I hereby accept the appointment as rewith the provisions of all statutes re	egistered agent and agree to act in this capac elative to the proper and complete perform ions of my position as registered agent. Or, gistered office address, I hereby confirm ha	ance of my duties, and I am if this document is being filed a the limited partnership has
Signature of Registered Agent	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

X

X