

LO10000004602

Marta B. Campuzano
6543 Grand Bahama Dr.
Seminole, FL 33777

City/State/Zip

Phone #

000004035930--9

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MAH

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

1. LO1-4602
(Corporation Name) (Document #)
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3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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01 APR 20 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. HURRICANE MARKETING L.L.C.
Name of the limited partnership

2. 3/31/01
Date of filing/registration in Florida

3. 401000004602
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:

MARIA BEATRICE CAMPUZANO
Name
6543 GRAND ISHAMIA DR
Address
Seminole FL 33777
City, State and Zip

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

ANGELA HAWKINS
Name
136 SANCTUARY DRIVE
Florida street address (P.O. Box not acceptable)
CRYSTAL BEACH FL 34681
City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

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SECRETARY OF STATE

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