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## **COVER LETTER**

TO: Registration Section **Division of Corporations** HORN CREEK PARTNERS LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kelly Hooper Name of Person BishopBeale Firm/Company 250 North Orange Avenue, Suite 1500 Address Orlando, FL 32801 City/State and Zip Code kelly@bishopbeale.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelly Hooper Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: **☑** \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: HORN CREEK	(PAR	RTNERS LLC		
2.	(a)	-recently changed via e-mail to Sunbiz	(h	(b) -recently changed via e-mail to Sunb	oiz	
	(/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX	ny:	_
		250 North Orange Ave., Suite 1500		250 North Orange Ave., Suite 1500		
		Orlando, FL 32801	_	Orlando, FL 32801	-	_
		03/10/2011		L11000029768		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	William D. Bishop III				
	(-)	Registered Agent and Registered Office shown on the records of the 1321 Edgewater Dr.		da Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	<u>\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)</u>		
		Suite 2				
		Orlando, FL , FL 3	2804	1		
	(b)	b) same name as above  Enter name of NEW Registered Agent and/or NEW Registered O			15 FEB -	
		250 North Orange Ave.		TARY	Q.	
		<u>NEW</u> Registered Office Address:		E. T.	PM	
		Suite 1500			<del></del> သ	
		Orlando , FL 3	2801	RIDA	3	
the age	cha ent w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab	ne regis ility co the lim	istered office and the business office of the reg company, it is hereby confirmed that the change mited liability company or as otherwise provide	ister (s)	ed
	_	ure of a member or authorized representative of a member		Printed or typed name of signee		
		by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete persons of my position as registered agent as provided if y reflect a change in the registered office address, I held in writing of this change.	e to act erforma for in C reby co	et in this capacity. I further agree to comply with ance of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is being confirm that the limited liability company has b	th th acce g file een	ne pt ed