Foundation Park Manufacturing Center #1 L.C.

1970000085

22 April 1997

Sandra B. Mortham, Secretary of State Florida Department of State Division of Corporations Tallahassee, FL 32399

RE: Change of Principal Place of Business

Dear Ms. Mortham;

I would like to make the following address change for Foundation Park Manufacturing Center #1 L.C., Doc. #L97000000085:

OLD Principal Place of Business:

939 Sable Circle S.E.

Palm Bay, FL 32909

NEW Principal Place of Business:

Odie O. Thompson

1900 S. Harbor City Blvd., Suite 320

Melbourne, FL 32901

Thank you for your assistance with this matter. If you have any questions, I can be reached at 407-632-1111, ext. 22064 or at the address above.

Sincerely,

Jodie H. Thompson

Vice President

P. O. Box 100280, Palm Bay FL 32910-0280 • 407-724-0053

L9700000085

_	Address			
Foundation l	Park Manufacturing Cent	ter #1 L.C.	Office Use Only	
	P. O. Box 100280 Palm Bay, FL 32910-0280		BER(S), (if known):	
1.				
(Co	rporation Name)	(Docume	ent #)	
2(Co	rporation Name)	(Docume	nt #)	
3.		(· ,	
(Co	rporation Name)	(Docume	ent#)	
4	rporation Name)	(Docume		
☐ Walk in ☐ Mail out	Pick up time	Photocopy	Certified Copy Certificate of Status	
Mail out	Will wait	Photocopy		
Mail out NEW FILINGS Profit	Will wait AMENDMEN Amendment	Photocopy		
Mail out NEW FILINGS Profit NonProfit	Will wait AMENDMEN Amendment Resignation of R.A	Photocopy VTS A., Officer/ Director	Certificate of Status	
Mail out NEW FILINGS Profit	Will wait AMENDMEN Amendment	Photocopy VTS A., Officer/ Director ered Agent		
Mail out NEW FILINGS Profit NonProfit Limited Liability	AMENDMEN Amendment Resignation of R.A Change of Register	Photocopy VTS A., Officer/ Director ered Agent	Certificate of Status 600002134856-04/07/97010450	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDMEN Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger	Photocopy VTS A., Officer/ Director ered Agent drawal	Certificate of Status 600002134856-04/07/97010450	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	AMENDMEN Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger	Photocopy VTS A., Officer/ Director ered Agent drawal	Certificate of Status 600002134856-04/07/97010450	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	AMENDMEN Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger REGISTRA QUALIFIC	Photocopy VTS A., Officer/ Director ered Agent drawal	Certificate of Status 600002134856-04/07/97010450	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMEN Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger	Photocopy VTS A., Officer/ Director ered Agent drawal ATION/ ATION/	Certificate of Status 600002134856-04/07/97010450	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	AMENDMEN Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger REGISTRA QUALIFIC Foreign	Photocopy VTS A., Officer/ Director ered Agent drawal ATION/ ATION/	Certificate of Status 600002134856-04/07/97010450	
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMEN Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger REGISTRA QUALIFIC Foreign Limited Partnersh	Photocopy VTS A., Officer/ Director ered Agent drawal ATION/ ATION/	Certificate of Status	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 9, 1997

FOUNDATION PARK MANUFACTURING CENTER P. O. BOX 100280 PALM BAY, FL 32910

SUBJECT: FOUNDATION PARK MANUFACTURING CENTER #1. L.C. Ref. Number: L97000000085

We have received your document for FOUNDATION PARK MANUFACTURING CENTER #1. L.C. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6905.

Letter Number: 497A00017862

Thelma Lewis
Corporate Specialist Supervisor

Florida Department of State, Jim Smith, Secretary of State

LIMITED PARTNERHSIP 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 sections organized under the laws of the state of
the undersigned limited partnership organized under the laws of the state of FLORIDA submits the following statements.
in order to change its registered office or registered agent, or both, in the state of Florida. 1. The name of the limited partnership is:
1.The name of the limited partnership is:
Foundation Park Manufacturing Center #1 L.C.
2. The date of filing/registration in Florida:
Foundation Park Manufacturing Center #1 L.C. 2. The date of filing/registration in Florida: January 22, 1997
3. Document number assigned:
L9700000085
4. The name and address of the present registered agent and office:
William J. Roberts
217 S. Adams Steet
Tallahassee, FL 32301
5. The name and address of the successor registered agent and office.: (P.O. Box not Acceptable) Richard E. Benton, Esquire
1415 E. Piedmont Street, Suite 4
Tallahassee, FL 32312
Such change was authorized by the general partners. SIGNATURE: Met Control of the Pres.
GeneralPartner
Date: 21 April 1997
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARENERS OF AT, THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE:
Registered Agent 4/24/97

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 INHSE 4 Filing Fee: \$35.00