

L980000003383

Sunstate Research
Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

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

1. Fokom Partners LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

L98-3383
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input checked="" type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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*****25.00 *****25.00

November 8, 1999

Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Re: Folsom Partners, L.L.C., Document No.: L98000003383

To Whom It May Concern:

Would you please change the principal place of business address and mailing address for the above limited liability company to:

1123 Overcash Drive
Dunedin, FL 34698

Very truly yours,

FOLSUM PARTNERS, L.L.C.

By: 

Robert E. Schmidt, Jr., General Partner

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: FOLSUM PARTNERS, L.L.C.
2. The mailing address of the limited liability company is: 1123 Overcash Drive, Dunedin, FL 34698

3. Date of filing/registration in Florida December 24, 1998
4. Document number L98000003383

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Stephen M. Hudoba

Name

101 E. Kennedy Blvd., Suite 3700

Address

Tampa, Florida 33602

City, State and Zip

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

Mark D. Thomson, Esquire

Name

20 N. Orange Avenue, Suite 1000

Florida street address (P.O. Box NOT acceptable)

Orlando, FL 32801-4626

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Schmidt Investments Limited Partnership

By: [Signature]
(Signature of a member or authorized representative of a member)

Robert E. Schmidt, Jr., General Partner

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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