

P95000068680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

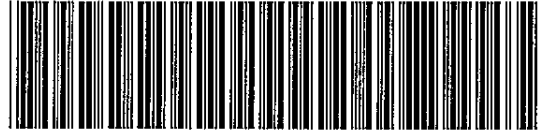
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 MAR 26 AM 11:35

RECEIVED

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 MAR 26 PM 12:14

FILED

C. Coulliette MAR 26 2003

CT CORPORATION

March 26, 2003

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

Re: Order #: 5805668 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Partnership Management Services, Inc. (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

FILED
2003 MAR 26 PM 12:14
TALLAHASSEE, FLORIDA
08920000

1. The name of the corporation : PARTNERSHIP MANAGEMENT SERVICES, INC.

2. The mailing address of the corporation : 350 S. Country Road., Suite 201

Palm Beach, Florida 33480

3. Date of incorporation/qualification: 09/06/1995 Document number: 99500008781

4. The name and address of the current registered agent and office:

W. Lawrence Leneve

350 S. Country Road, Suite 201

Palm Beach, Fl. 33480

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

(Date)

Genius Wells

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

CT Corporation System

By: _____

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

James A. Bordonaro
Assistant Secretary
(Capacity)

***** FILING FEE: \$35.00 *****