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Requester's Name



Joachim B Kantenwein
PO Box 819
Lehigh Acres, FL 33970-0819

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 19 PM 1:05

Office Use Only

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

200004688262--5

-11/20/01--01007--002

*****35.00 *****35.00

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
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

RA Chg.

Examiner's Initials

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**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. Buckingham Gardens Lld.
Name of the limited partnership
2. 05/22/2000
Date of filing/registration in Florida
3. A 00000000 870
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:
Reus Alexander c/o Beder and Poliakoff
Name
5201 Blue Lagoon Drive, Suite 100
Address
Miami FL 33126
City, State and Zip
5. The name and address of the new registered agent and/or office:
Kantenwein Joachim
Name
722 Robert Ave
Florida street address (P.O. Box not acceptable)
Lehigh Acres FL 33972
City, State and Zip
6. Such change(s) was/were authorized by the general partners.

[Signature] Klink Development Corp. Dietmar Klink
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

**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**