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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2011

JOEL REINSTEIN
1200 N. FEDERAL HWY, STE. 301
BOCA RATON, FL 33432

SUBJECT: DLD FAMILY LLLP
Ref. Number: A01000000154

We have received your document for DLD FAMILY LLLP and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED PARTNERSHIP. Please complete and return the enclosed blank form(s).

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 (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 211A00024776

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DLD FAMILY LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A01000000154

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOEL REINSTEIN
Contact Person

JOEL REINSTEIN, P.A.
Firm/Company

1200 N. FEDERAL HIGHWAY, SUITE 301
Address

BOCA RATON, FL 33432
City, State and Zip Code

JOEL@REINSTEINLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN JOHNSON at (561) 393-6714
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DLD FAMILY LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01-26-2001
Date of filing/registration in Florida

3. A01000000154
Florida document number

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

JOEL REINSTEIN
Name

925 S. FEDERAL HIGHWAY, SUITE 325
Address

BOCA RATON, FL 33433
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

JOEL REINSTEIN
Name

1200 N. FEDERAL HIGHWAY, SUITE 301
Florida street address (P.O. Box not acceptable)

BOCA RATON FL 33432
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Diane L. DaSilva
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.

Joel Reinstein
Signature of Registered Agent

Filing Fee: **$35.00**
Certified Copy (optional): **$52.50**

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TALLAHASSEE, FLORIDA