

A1100000121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

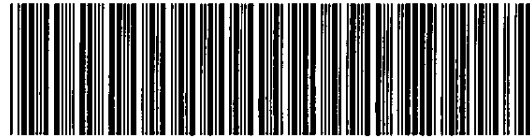
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALBERT HENRY CAPITAL LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A11000000121

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:

BARRY S. LOGAN

Contact Person

Firm/Company

2665 S BAYSHORE DR STE 901

Address

COCONUT GROVE, FL 33133

City, State and Zip Code

blogan@watsco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry S. Logan

Name of Contact Person

at (305) 714-4102

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. ALBERT HENRY CAPITAL LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/08/2011 3. A11000000121
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE FL 32301-2525 US
City, State and Zip

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

BARRY S. LOGAN
Name
2665 S BAYSHORE DR STE 901
Florida street address (P.O. Box not acceptable)
COCONUT GROVE FL 33133
City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

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

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