

A12000000531 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

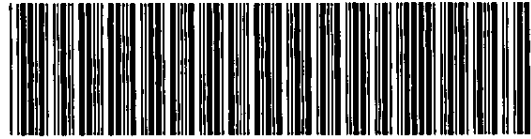
(Business Entity Name)

(Document Number)

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FALL RIVER, MASSACHUSETTS

B. BOSTICK

OCT 21 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle River Homes, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A1200000531

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:

Yosef Y Manela
Contact Person

Manela and Company
Firm/Company

6300 Wilshire Blvd Suite 2030
Address

Los Angeles, CA 90048
City, State and Zip Code

yosef@manelaco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yosef Y Manela at (323) 782-0818
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

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 FLORIDA DEPARTMENT OF STATE
 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. Eagle River Homes, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/10/2012 3. A12000000531
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:

Bartosz Uzarowski
Name
17071 Dixie Highway
Address
North Miami Beach, FL 33160
City, State and Zip

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

Charles Kalchman
Name
17071 Dixie Highway
Florida street address (P.O. Box not acceptable)
North Miami Beach FL 33160
City, State and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jami Nahon
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.

Charles Kalchman
Signature of Registered Agent

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