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TO: Registration Section **Division of Corporations** 1920 6th STREET SOUTH, L.P. SUBJECT: Name of Limited Partnership or Limited Liability Limited Partnership A14000000240 DOCUMENT NUMBER: 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: DANIEL K. WEIDENBRUCH, ESQ. Contact Person FISHERBROYLES, LLP Firm/Company 1415 PANTHER LANE, SUITE 315 Address NAPLES, FL 34109 City, State and Zip Code DANIEL.WEIDENBRUCH@FISHERBROYLES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL K. WEIDENBRUCH, ESQ. at (_ Name of Contact Person Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

INHS04 (01/06)

Tallahassee, FL 32301

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	1920 6TH STRE	ET SOUT	H, L.P.				
Na	ame of Limited Partnership or Lir	nited Liability	Limited Partners	hip			
2.	05/07/2014	3.	A1400000240				
Date of filing			Florida docum	Florida document number			
4. The name of the re Department of State:	egistered agent and the registered	office address	as shown on the	records	of the F	lorida	
	R&A Age	ents, Inc.					
	Na	me					
	850 Park Shore	e Dr., 3rd Fl	oor				
	Add	ress					
	Naples, F	L 34103					
	City, State	e and Zip					
5. The name and Flo.	rida street address of the new reg	istered agent ar	nd/or office:	د من منطق د من منطق	21		
	FisherBro	yles LLP			2015		
	Na	me		至	SUA		
	1415 PANTHER L	ANE, SUIT	E 315	SS	20	1	
	Florida street address (P	.O. Box not acc	eptable)	K OI			
	NAPLES, FL 341	109 _F	ſ	FL.C	U	C	
	City, State		<u> </u>	OF STATE	2: 30		
6. Such change(s) is/	are effective when filed by the F	lorida Departmo	ent of State.	Þ	0		
	1)						
Signature of General	Partner						
comply with the provi	ppointment as registered agent a isions of all statutes relative to th h an accept the obligations of my	e proper and co	omplete perfor <mark>m</mark>	I furthei ance of n	r agree ny dutie	to s,	
Signature of Register	ed Agent						
Filing Fee: Certified Copy (e	\$35.00 optional): \$52.50						