A99000002259

The Richman Group
(Requestor's Name)
Capital Corporation
(Address)
599 West Putnam Avenue
(Address)
Greenwich, CT 06830-6005
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

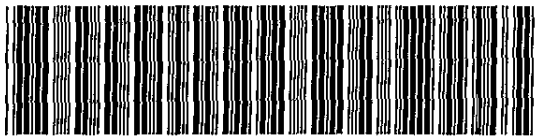
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300024483033

11/17/03--01062--005 **35.00

FILED
03 NOV 17 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. RPK Associates, Ltd.
Name of the limited partnership

2. December 30, 1999
Date of filing/registration in Florida

3. A99000002259
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:

Registered Agents of Florida, LLC
Name

100 S.E. Second Street
Address

Miami, FL 33131
City, State and Zip

FILED
03 NOV 17 AM 9:16
TALLAHASSEE, FLORIDA

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

The Richman Group of Florida, Inc.
Name

580 Village Blvd, Suite 120
Florida street address (P.O. Box **not** acceptable)

West Palm Beach FL 33409
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Kristin M. Miller
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 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

INHS04(9/98)