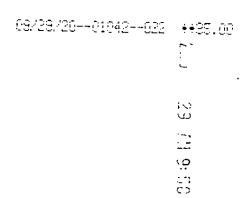
B0600000 419

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800352191718



NOV 0 5 2020 S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: Valley Management, L.P.	ership or Limited Liability Limited Partnership	
Name of Limited Partne	ership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: B0600000041		
The enclosed Statement of Change of F fee(s) are submitted for filing.	Registered Office and/or Registered Agent and	
Please return all correspondence concer	rning this matter to:	
Mark R. Dern		
Contact Person		
Valley Management, L.P.		
Firm/Company		
4417 Woodfield Boulevard		
Address		
Boca Raton, FL 33434		
City, State and Zip Code		
mark@demcapital.com		
E-mail address: (to be used for future annu-	ual report notification)	
For further information concerning this	matter, please call:	
Mark R. Dern	at (561) 883-0740	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payab	le to the Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee FL 32303	

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. Valley Managem	ent, L.P.		
		nited Liability Limited Partne	rship
2.10/20/2006		_{3.} B06000000419	
		Florida docu	iment number
4. The name of the registered age Department of State:	nt and the registered	office address as shown on th	e records of the Florida
Mark	R. Dern		
	Nar		_
7777 (Glades Road	l, Suite 207A	
	Addr		~
Boca I	Raton, FL 3	3434	¢.
	City, State	and Zip	_
5. The name and Florida street ad	dress of the new regi	stered agent and/or office:	(O)
Mark 1	R. Dern		~ :
	Nan	ne	
4417 V	Woodfield E	Boulevard	- 19 - 1
		O. Box not acceptable)	-
Boca F		_{FL} 33434	
	City, State		-
6. Such change(s) is/are effective	whan filed beetha file	rido Domontos y a SC4-4	
Mr. 0- P.	A CALAN	A A Community State.	Const Date
Signature of General Partner	~ J * * * * * * * * * * * * * * * * * *	ket Corporation, the of Valley Manager	-t LD
		·	
hereby accept the appointment as comply with the provisions of all st and I am familiar with an accept the complex of the comp	atutes relative to the	proper and complete perform	I further agree to ance of my duties,
Signature of Registered Agent	, ,		
Filing Fee:	\$35.00		

Certified Copy (optional): \$52.50