39300000257

| Clan Fleisher (Requestor's Name) |
|---|
| (Requestor's Name) |
| 15 Cynnyd Pd (Address) |
| + (Address) |
| (Address) |
| Bala (VnWVd, PA 19004- (City/State/Zip/Phone #) 3301 |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



000059807190

109 29 US

EP 22 PM 1:00

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. FLEISHER ASSOCIATES, LTD. |
|--|
| Name of the limited partnership |
| 2. 06/11/1993 Date of filling/registration in Florida 3. B9300000257 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: RONALD J. MARLOWE ESQ. Name |
| 15TH FL., 175 NW 1ST AVENUE |
| Address S |
| MIAMI, FL 33128 |
| City, State and Zip |
| 5. The name and address of the new registered agent and/or office: |
| Name Name |
| 1110 N. FLORIDA AVE. |
| Florida street address (P.O. Box not acceptable) |
| TAMPA Ft. 33602 |
| 6. Such change(s) was/were authorized by the general partners. |
| allan X Flein |
| 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. |

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

Signature of Registered Agent