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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	mari .
SUBJECT: Schechfer Family INVESTMENTS, LTD. (Name of corporation)	 
DOCUMENT NUMBER: AO 300000 888	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	ا
Richard Schechter (Name of person)	T. U
(Name of person)	·
Schechter Family Tuvestments, 4+0.	>
(Náme of firm/company)	
21211 NE 38th AVR - (Address)	
(Address)  Aventura, FL. 33/80  (City/state and zip code)	
(City/state and zin code)	~
For further information concerning this matter, please call:	
Eileln Schech fer at (305) 374-7433  (Name of person) at (305) 374-7433  (Area code & daytime telephone number)	
(Name of person) at (Area code & daytime telephone number)	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## 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. Schechte	r family Investments, Ltd.  Name of the limited partnership	
2. 6-13-03 Date of filing/regis		
4. The name of the reg	stered agent and the registered office address as shown on the records of the Florida	
Department of State	B & C Corporate Services, Inc.	
	Name 201 South Biscayne Boulevard, Suite 3000	
		į.
	Miami, Florida 33131	1 50
	City, State and Zip	1
5. The name and addre	ss of the new registered agent and/or office:	
_	212/1 NE 38th AVE	<b>ر</b> ,
	Florida street address (P.O. Box not acceptable)  Hventura FL 33/80  City, State and Zip	
6. Such change(s) was/	were authorized by the general partners.	:
Signature of General Partner		. –
7	the state of the s	
i nereby accept the appoint with the provisions of a familiar with and accept	wintment as registered agent and agree to act in this capacity. I further agree to comply all statutes relative to the proper and complete performance of my duties, and I ament the obligations of my position as registered agent. Or, if this document is being filed the registered office address. I have by confirm that the limited partnership has	

Signature of Registered Agent

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