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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

1 (850)222-1092

Pax Number

: (850)878-5926

REGISTERED AGENT CHANGE

ALPHA & CO., LTD.

(favivest Limited Partnership)

Certificate of Status Certified Copy age Count Estimated Charge

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8/2008

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.	EQUIVEST LIMITED PARTNERSHIP $A A A CO . A C$	
	Name of Limited Partnership or Limited Liability Limited Partnership	1
2.	09/07/2005 3, A30565	}
	Date of filing/registration in Florida Florida Florida document number	•
	The name of the registered agent and the registered office address as shown on the records of the Plorid partment of State:	}
	The Prentice Hall Corporation System	ithe
	1201 Hays St. Site 105	
	Tallahasse, FI 32301 City, State and Zip	
5. '	The name and Florida street address of the new registered agent and/or office:	
•	C T Corporation System	ŀ
	Name AS A	
	1200 South Pine Island Road AS	
	Florida street address (P.O. Box not acceptable)	וד
	Plantation py 33324 😂 🗢 1	-
	City, State and Zip	
6 . i	Such change(s) la/are effective when filed by the Florida Department of State.	O
Sig	mature of Designat Bartner	
COM	ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to appy with the provisions of all statutes relative to the proper and complete performance of my duties, I I am familiar with an except the obligations of my position as registered agent.	
	Come Buy	
Sig	mature of Registered Agent	
	ling Fee: \$35.00	Ì
Ce	ertified Copy (optional): \$52.50	Į

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