

A 96000000270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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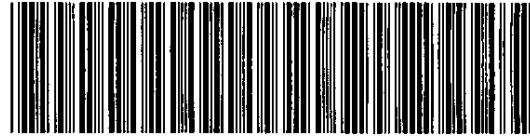
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 2 2014

✓

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVY GROUP, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A96 000000270

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KENNETH M. BLOOM, ESQ.  
Contact Person  
Bloom + MINSKER, P.L.  
Firm/Company  
28 WEST FLAGLER STREET, 11th FLOOR  
COURTHOUSE PLAZA  
Address  
MIAMI, FL 33130-1896  
City, State and Zip Code  
KBLOOM@MIAMILAW.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH M. BLOOM at (305) 371-6800 or (305) 439-1733  
Name of Contact Person Area Code and Daytime Telephone Number

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

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. EVR GROUP, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/07/1996 3. A96000000270  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

KENNETH M. BLOOM, ESQ.  
Name

Name

1110 BRICKELL AVE., SUITE 700  
Address

Address

MIAMI, FL 33131  
City, State and Zip

City, State and Zip

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

KENNETH M. BLOOM, ESQ.  
Name

Name

28 WEST FLAGLER STREET, 11<sup>TH</sup> FLOOR  
COURTHOUSE PLAZA  
Florida street address (P.O. Box not acceptable)

MIAMI, FLORIDA FL 33130  
City, State and Zip

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

~~Mr R~~ ass't secy, NI-BAR Corp.

Signature of General Partner

Kenneth M. Bloom

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.

~~Mr R~~

Signature of Registered Agent

Kenneth M. Bloom

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

14 MAY -5 PM 1996

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