

A 14 00000 0540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

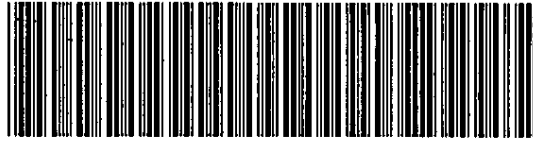
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500285520295

05/09/16--01017--017 **35.00

FILED
16 MAY -9 AM 7:54
SECRETARY OF STATE
HALL AMBASSADOR LONDON

MAY 10 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAHMAN L.P
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14 000000 540

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:

Ash Vahman
Contact Person

6 Meredith cres
Firm/Company
Address

Toronto, ON Canada M4W 3B6
City, State and Zip Code

ashvahman@hotmail.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Ash Vahman at (905) 330-1167
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. VAHMAN L.P
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/09/2014 3. A14000000540
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:

Corporation Service Company
Name

1201 Hays Street
Address

Tallahassee, FL 32301-2525
City, State and Zip

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

Kayce Driscoll
Name

Suite 905, 6799 Collins Ave
Florida street address (P.O. Box not acceptable)

Miami Beach FL 33141
City, State and Zip

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

[Signature]
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.

Kayce Driscoll
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
16 MAY -9 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA