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SECRETARY OF STATE. TALLAHASSEELFLORIDA

MR 52 SOUS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Branches Fa	amily Limited Partnership				
	or Limited Liability Limited Partnership				
DOCUMENT NUMBER:	A06000001263				
The enclosed Statement of Change of Regis fee(s) are submitted for filing.	stered Office and/or Registered Agent and				
Please return all correspondence concerning	g this matter to:				
Stevan J. Pardo, Esq.					
Contact Person					
Pardo Gainsburg, PL					
Firm/Company					
200 SE First Street, Suite 7	' 00				
Address					
Miami, Florida 33131					
City, State and Zip Code	2016 SEC				
spardo@pardogainsbur	g.com ≥≈ > T				
E-mail address: (to be used for future annual r	report notification)				
For further information concerning this ma	[11 ₆				
Stevan J. Pardo, Esq.	at (305) 358-1001 >				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payable t	to the Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301					

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.	Branches Family I	<u>Limited Pa</u>	rtnership_				
	Name of Limited Partnership or Lin			hip			
2. No	vember 1, 2006	3.	A06000	0001263			
	ing/registration in Florida	Florida document number					
4. The name of the Department of State	registered agent and the registered	l office address	as shown on the	records of the	Florida		
	Fred K. Lickstein, Esqf	Fowler White	Burnett PA				
	Na	me					
	1395 Brickell Av	enue, 14th f	Floor				
		iress) •		
	Miami, Flo	rida 33131					
	City, Stat	te and Zip		AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA	- B		
5. The name and F	lorida street address of the new reg	gistered agent an	nd/or office:	24 J SSEE-			
	Pardo Gair	nsburg, PL		± A			
	Na	ime			. 12		
	200 SE First St	treet, Suite 7	700	9 9 9 8			
	Florida street address (F	O. Box not acc	eptable)	•			
	Miami	F	լ. 33131				
	is/are effective when filed by the F				. 4		
Signature of Gener	ral Marcher - 8 y 1 Stevan J.	Pardo, Es	z. A Hoine	y for GUN	Val Path		
I hereby accept the comply with the pr	e appointment as registered agent a ovisions of all statutes relative to the with an adcept the obligations of m	and agree to act he proper and c	in this capacity. omplete perform	I further agre	ee to		
Filing Fee: Certified Copy	\$35.00 (optional): \$52.50						