A16000000253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Muir Family LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A16000000253

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:

Kristin M Muir
Contact Person

Muir Family LLLP
Firm/Company

334 NE 1st Ave
Address

Delray Beach, FL 33444
City, State and Zip Code

rmc@muirs.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Muir at (561) 392-7777
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. Muir Family LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/23/2016
Date of filing/registration in Florida

3. A16000000253
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:

Kristin M Muir
Name

850 NE 5th Ave
Address

Boca Raton, FL 33432
City, State and Zip

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

Kristin M Muir
Name

334 NE 1st Ave
Florida street address (P.O. Box not acceptable)

Delray Beach FL 33444
City, State and Zip

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

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

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