A06000001207

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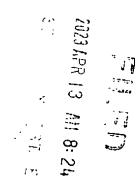
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04/13/23--01023--008 **35.00

S. CHATHAM



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: 142 REALTY, LLLP				
0020.	Name of Limited Partnership or	Limited Liability Limited Partnership			
DOCUMENT NUMBER: A06000001207					
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:					
Valerie	Kaye				
Contact Person					
Prestige	e Imports				
	Firm/Company				
14800 B	BISCAYNE BLVD				
	Address	, , , , , , , , , , , , , , , , , , , 			
NORTH	H MIAMI BEACH, FL 33181				
	City, State and Zip Code				
7	@prestigeimports.com				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Bobby	McNally	(305) 808-6140			
	Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Florida Department of State.					
Mailin	ig Address:	Street Address:			
	ration Section	Registration Section			
	on of Corporations	Division of Corporations			
	Sox 6327	The Centre of Tallahassee			
Tallah	assee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

INHS04 (01/06)

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.

[142 REA]	LTY, LLLP			
7	Same of Limited Partnership of	r Limited Liability Limite	d Partnership	
2.10/13/2006		3.A060	_{3.} A0600001207	
Date of filin			ida document number	
4. The name of the Department of State	registered agent and the regist	ered office address as sho	wn on the records of the Plorid	
	ZARCO. EINHORN, SALKOWSKI & BRITO PA			
	Name			
	MIAMI TOWER100 SE 2ND STREET 2700			
Address				
MIAMI, FL 33131				
	City,	State and Zip		
5. The name and Florida street address of the new registered agent and/or office:				
	LEGACY WEALT	H ADVISORS, LL	.c	
	<u> </u>	Name		
	801 BRICKELL A	VENUE, SUITE 25	550	
Florida street address (P.O. Box not acceptable)				
	MIAMI	FL 33	131	
	City,	State and Zip		
Signature of General I hereby accept the accomply with the provound I am familiar wi	appointment as registered age visions of all statutes relative th an accept the obligations of	nt and agree to act in this to the proper and complete	capacity. I further agree to performance of my duties,	
Signature of Register Filing Fee: Certified Copy (\$35.00			