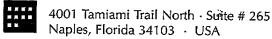
PAOOOOOOO 349 Requester's Name

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS		AM	IENDMENTS			
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger				
OTHER FILING	<u>GS</u>	RE	GISTRATION/QUA	ALIFICATION		
Annual Report Fictitious Name			Foreign Limited Partnership Reinstatement Trademark Other			
				Examiner's Initia	ls	

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DIAS Investment 12. Ud Name of the limited partnership	
2. Z-Z5-Z000 Date of filing/registration in Florida 3. A 0 000000349 Document number assigned	_ .
4. The name of the registered agent and the registered office address as shown on the records of the Department of State: COCO NUT Manage ment, Inc. Name 4001 Tomi ami Trail Duff, #265	Florida
Address Naples, FL 34103 City, State and Zip	DINISTORIO OO OC
5. The name and address of the new registered agent and/or office: U.S. Investor Services, Inc. Name U.S. Investor Services, Inc. Florida street address (P.O. Box not acceptable) Option City, State and Zip 6. Such change(s) was/were authorized by the general partners.	SION OF CORPORATIONS OCT 23 AM II: 12

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

소설보는 중심속 (AUTHOR) 사용하다.

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/98)