## A00000001a40

Todd W. Kliston, J.D., C.P. Lerner & Kliston, P.A. 8211 West Broward Blvd S. Plantation, Florida 33324	A. Suit	1	00005453 -05/Wb/027 *******55.00	- - - - - - - - - - - - - - - - - - -
CORPORATION NAME(S) & DOCUM	ENT		•	<b>西</b> 森 55.0
1. H - QUO (Corporation Name)	4	Change (Document#)		MJH 
2. (Corporation Name)		(Document #)	1000546: -05/06/02- *****35.00	-01117002
3. (Corporation Name)	-	(Document #)	· #	<del>-</del> / <del>-</del> /
4. (Corporation Name)	<u> </u>	(Document #)		<u> </u>
☐ Walk in ☐ Pick up time  Mail out ☐ Will wait		Photocopy	Certified Copy Certificate of St	atus
NEW FILINGS	<u>A</u> ]V	<u>IENDMENTS</u>	~	
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Change of Registere Dissolution/Withdra Merger	d Agent	FILED
OTHER FILINGS	RE	GISTRATION/QUA	ALIFICATION	FD 4: 33
Annual Report Fictitious Name		Foreign Limited Partnership Reinstatement Trademark Other	, AC	<b>₩</b> 
			Examiner's Initia	als

CR2E031(7/97)

## 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.

I VERBLAUW FAMILY LIMITED PARTNERSHIP
Name of the limited partnership
2. AUGUST 7, ZOOO 3. A OOOOOO 1260 Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida  Department of State:  William A. SNYDER, ESO.  Name  7931 SW 45 TH STREET  Address  DAVIE, FL 33328-3099  City, State and Zip
5. The name and address of the new registered agent and/or office:  TODD IN. KLISTON  Name  8211 WEST BROWARD BOULEVARD SUITE 375
Florida street address (P.O. Box not acceptable)  PLANTATION FL 33324  City, State and Zip
6. Such change(s) was/was authorized by the general partners.
Ronald a Neublauw 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 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.
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