

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
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G. MCLEOD

MAY 1 9 2009

EXAMINER



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05/18/09--01042--017 **110.00

09 MAY 18 PH 1: 23

SECRETARY OF STATE
DIVISION OF CORPORATION

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. Sophie Elias Family LTD.	-	
Name of Limited Partnership or Limited Liability Limited Partnership		
2. 12/04/2000 3. ACCCCCCO/852 Date of filing/registration in Florida 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:	1	
Atlantic Capital Advisory Services	1	
9505 New Waterford Cove	0	0
Delray Seach, FL 33446 City, State and Zip	09 HAY	7
5. The name and Florida street address of the new registered agent and/or office:	18 F	
Scott A. trank 6/0 Arnskn; Name nr LLP 5/5 Abrth Flagler Dr 6th FLoor Florida street address (P.O. Box not acceptable)	PH 1: 23	
West Palm Beach, FL 33401 City, State and Zip		
6. Such charge(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