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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

DEC 5 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DASILVA CHILDREN LLLP I  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A00000001921

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:

JOEL REINSTEIN

Contact Person

JOEL REINSTEIN, P.A.

Firm/Company

1200 N. FEDERAL HIGHWAY, SUITE 301

Address

BOCA RATON, FL 33432

City, State and Zip Code

JOEL@REINSTEINLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN JOHNSON

Name of Contact Person

at ( 561 )

393-6714  
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

INHS04 (01/06)

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2011 DEC -2 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. DASILVA CHILDREN LLLP I  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12-06-2000  
Date of filing/registration in Florida

3. A00000001921  
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:

JOEL REINSTEIN  
Name  
925 S. FEDERAL HIGHWAY, SUITE 325  
Address  
BOCA RATON, FL 33433  
City, State and Zip

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

JOEL REINSTEIN  
Name  
1200 N. FEDERAL HIGHWAY, SUITE 301  
Florida street address (P.O. Box not acceptable)  
BOCA RATON FL 33432  
City, State and Zip

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

Diane L. Dasilva  
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 and accept the obligations of my position as registered agent.*

Joel Reinstein  
Signature of Registered Agent

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