

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

FINLAY INTERESTS 1, LTD.

| Certificate of Status | 0 |
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T. CLINE

JUN 2 0 2008

EXAMINER

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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.

| | Name of Limited Partnership or Limite | d Liability Limited Partnership | |
|---|---|--|--------------------------------|
| 2, 01/12/01 | | 3 A0100000066 | |
| | | Florida document | number |
| 4. The name of the Department of Sta | e registered agent and the registered off to: | ice address as shown on the recor | ds of the Florida |
| | CORPORATION SERVICE COM | PANY | |
| | Name | | |
| | 1201 HAYS STREET | | |
| | Address | · · · · · · · · · · · · · · · · · · · | |
| | TALLAHASSEE FL 32301-2525 | | 7.0 |
| | City, State an | d Zip | 三 |
| 5. The name and I | Florida street address of the new registe | red agent and/or office; | SECRETARY TALLAHASS |
| | C T Corporation | System | 5,5 |
| | Name | | 123 |
| | 1200 South Pine Is | land Road | |
| · | Florida street address (P.O. | Box not acceptable) | LOS T |
| | Plantation | FL 33324 | 음류 |
| | City, State an | | > |
| 6. Such change(s) | is/are effective when filed by the Florid | la Department of State. | |
| i hereby accept the comply with the pr | al Partner uger of 518 EAST DEWALD STREET appointment as registered agent and a ovisions of all statutes relative to the pr with an accept the obligations of my pos- | gree to act in this capacity. I fur oper and complete performance | ther agree to of my duties, |
| Signature of Regis | tered Abent Assistant Sec | | |
| Filing Fee: | \$35.00 | | |
| Certified Copy | (optional): \$52.50 | | |