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Division of Corporations

Fax Number

: (850)617-6383 -

From:

: NEIMAN & INTERIAN, PLLC Account Name

Account Number : I20180000010 Phone : (305)530-9400

: (305)530-9409 Fax Number

**Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email Address: RABAD@NIFEALAW.COM

REGISTERED AGENT CHANGE **JOLLY PARTNERS LIMITED**

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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.

1;	JOLLY PARTNE	RS LIMI	TED		
Nai	me of Limited Partnership or Limit	ed Liability L	imited Partnersh	nip	
.20	3/20/2001	3.	³⁷ A01000	000398	
Date of filing	/registration in Florida	ļ.	Florida docum	ent number	
4. The name of the re Department of State:	gistered agent and the registered of	fice address a	s shown on the r	ecords of the Florida	
	LAMONT & NE	IMAN, P.A	•		
	Name				
	New World Tower St.801	, 100 🔂 Bi	scayne Blv		
	Addres	5		÷4. √a bo	
	Miami, FL:	33132			
	City, State a	nd Zip			
5. The name and Flor	ida street address of the new registe	ered agent and	l/or office:	A - A	
	Neiman & Inter	ian, PLLC			
-	Name			2 5	
	2020 Ponce De Leon B	lvd., Suite	1005-B	99	
	Florida street address (P.O. Box not acceptable)				
	Coral Gables	_ ä_FL	33134		
5.	City, State a	nd Zip	*		
6. Such change(s) is/a	re effective when filed by the Flori	da Departmei	nt of State.		
Xao		į			
Signature of Constal I	britie:	, ,	,		
comply with the provis	pointment as registered agent and i sions of all statutes relative to the p an accept the obligations of my po	roper and col	nplete performa		
1404		N		•	
Signature of Registere	d Agent				
Filing Fee: Certified Copy (o	\$35.00 Otional): \$52.50				