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| (Re                     | equestor's Name)  |             |  |  |
|-------------------------|-------------------|-------------|--|--|
| (Ad                     | ldress)           |             |  |  |
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| (Cit                    | ty/State/Zip/Phon | e #)        |  |  |
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| (Bu                     | isiness Entity Na | me)         |  |  |
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10 FEB 23 AMII: 31
SECRETARY OF STATE
ALLAHASSEF FLORIDA

J. BRYAN
FEB 2 4 2009
EXAMINER

## **COVER LETTER**

| 10:         | Division of Corporations                                 |                 |                 |                     |           |          |
|-------------|--|-----------------|-----------------|---------------------|-----------|----------|
| SUBJ        | JECT:  | Saoud Pro       | perties LL      | LP.                 | •         |          |
| •           | Name of Limited Pa                                       |                 |                 |                     |           |          |
| DOC         | UMENT NUMBER:  |                 | <u> 1000000</u> | 0513                |           |          |
|             | nclosed Statement of Change of are submitted for filing. | of Registered ( | Office and/o    | r Registered Ager   | nt and    |          |
| Please      | e return all correspondence cor                          | ncerning this n | natter to:      |                     |           |          |
|             | Joe Saoud  | ı               |                 |                     | Ã.o       |          |
|             | Contact Person   | 1               |                 |                     | E.E.      | 30       |
|             | Saoud Properties   | 3 LLLP          |                 |                     | ARE:      | 833      |
|             | Firm/Company   |                 |                 |                     | ASS       | 23       |
|             | 8823 San Jose Blvd.                                      | Suite 310       |                 |                     | ğή<br>Υ ο |          |
|             | Address  |                 |                 |                     | FL S      | AH II: 3 |
|             | Jacksonville, FL   | 32217           |                 |                     | 용점        | <br>C.:  |
| <del></del> | City, State and Zip                                      |                 | <u></u>         |                     | DA<br>A   |          |
|             | •  |                 |                 |                     |           |          |
| F           | Joe@imc-ja<br>-mail address: (to be used for future      |                 | tification)     |                     |           |          |
|             | urther information concerning                            | •               | ĺ               |                     |           |          |
|             | Joe Saoud  | at (            | 904             | 737-8846            | 3         |          |
|             | Name of Contact Person                                   |                 | rea Code and I  | Daytime Telephone N | lumber    |          |
| Enclo       | sed is a \$35.00 check made pa                           | yable to the F  | lorida Depar    | tment of State.     |           |          |
| STRI        | EET ADDRESS:   |                 | MAILIN          | G ADDRESS:          |           |          |
|             | tration Section  |                 |                 | on Section          |           |          |
|             | ion of Corporations                                      |                 |                 | of Corporations     |           |          |
|             | n Building   |                 | P. O. Box       | 6327                |           |          |
|             | Executive Center Circle                                  |                 | Tallahass       | ee, FL 32314        |           |          |
| Tallal      | hassee, FL 32301   |                 |                 |                     |           |          |

## 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  | Saoud Pro  |                   |                    |   | _  |
|--|--|-------------------|--------------------|---|----|
| Na   | ame of Limited Partnership or Li   | mited Liability I | Limited Partnershi | p   |    |
| 2.   | 4/13/01  | 3.                | A010000            | 000000513                                 |    |
| Date of filin                                | g/registration in Florida  |                   |                    | nt number                                 | _  |
| 4. The name of the r<br>Department of State: | egistered agent and the registered   | d office address  | as shown on the re | cords of the Floric                       | ia |
|  | Corporate Creati   | ons Network       | k, Inc.            |   |    |
|  |  | ıme               | ····               |   |    |
|  | 11380 Prosperity F   | Farms Road        | #221E              |   |    |
|  | Ado  | dress             |                    |   |    |
|  | Palm Beach Gar   | rdens, FL 3       | 3410               | <b>5.</b>                                 |    |
|  | City, Stat   | te and Zip        |                    | (E) (SEC)                                 |    |
| 5. The name and Flo                          | rida street address of the new reg   | gistered agent an | nd/or office:      | FEB 2<br>RETA<br>AHAS                     |    |
|  | International Manage   | ement Comp        | any LLC            | 23<br>ARY<br>ASSE                         |    |
|  | Na   | ime               |                    | E P A                                     |    |
|  | 8823 San Jose  | Blvd. Suite       | 310                | AMII: 3<br>OF STATE<br>E. FLORE           | C  |
|  | Florida street address (F  | O. Box not acc    | eptable)           | 를 (SE) (SE) (SE) (SE) (SE) (SE) (SE) (SE) |    |
|  | Jacksonville, F  | L FI              | L 32217            | p <del>s</del>                            |    |
|  | City, Stat   | te and Zip        |                    |   |    |
| 6. Such change                               | are effective when filed by the F  | lorida Departme   | ent of State.      |   |    |
| 1/1/   | MAMM   |                   |                    |   |    |
| Signature of Concrete                        | Partner  | <u>.</u>          |                    |   |    |
| comply with the prov                         | ppointment as registered agent a<br>ising of all statutes relative to the<br>far accept the obligations of m | he proper and co  | omplete performan  |   |    |
|  | HAN W  | -                 | •                  |   |    |
| Signature of Hogister                        | ted Agent  |                   |                    |   |    |
| Filing Fee:<br>Certified Copy (              | \$35.00<br>optional): \$52.50  |                   |                    |   |    |