

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Pick up time Certified Copy ■ Walk in ☐ Photocopy ☐ Will wait Certificate of Status ☐ Mail out 000004543090--7 -08/20/01--01125--008 *****35.00 *****35.00 **NEW FILINGS** AMENDMENTS Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

'k '

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

l Belco, Ltd. LLLP				<u></u> .
	Name of the limited partne	rship		•••
2. April 26, 2001 Date of filing/registration in Florida	3	A01839		
Date of filing/registration in Florida		Document number as	ssigned	
4. The name of the registered agent and Department of State:	the registered office ad	dress as shown on	the records of th	e Florida
Paul Oxley				
	Name			
1541 Brick	<u>ell Avenue, Apt.</u>	#A401		
	Address		.	
	•		SS ≥	2
Miami, FL 33129		- 5	-	
	City, State and Zip		至而	<u> </u>
			A A	~ -
5. The name and address of the new regi	stered agent and/or off	īce:	RY OF	LED 0 PM
Robert R.	Bellamy		=	
,	Name	·		ç;
Chateau Elizabeth Office-Suite 101 3535 Hiawatha Avenue		AIDA	5	
Florida str	eet address (P.O. Box <u>no</u>	<u>t</u> acceptable)	-	
<u>Miami</u>		33-4077		
	City, State and Zip			
6. Such change(s) was/were authorized b				
Belco Realty, Inc., General	Partner			-
_B.D. Rawle				
Signature of General Partner B.D. Rawls,	Secretary			
The Towns of the Control of the Cont	-			
I hereby accept the appointment as registe with the provisions of all statutes relative familiar with and accept the obligations of	e to the proper and co	omplete performan	ce of my duties.	and I am

merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00