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PICK-UP WAIT MAIL							
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S. WARREN 0CT 2 5 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ	•	cherer F	Realty	LLLP			
0020	JECT: S Name of Limited Partne	rship or Lin	ited Liabi	lity Limit	ed Partnership		
DOC	UMENT NUMBER:		A02000001627				
	nclosed Statement of Change of R are submitted for filing.	egistered (	Office ai	nd/or Re	gistered Agent and		
Please	e return all correspondence concer	ning this n	natter to	<u>:</u>			
	Jimena G. Lopez						
	Contact Person						
	SMD Realty			_			
	Firm/Company						
	633 S Federal HYV	٧					
	Address			_			
	Fort Lauderdale, FL 33			_			
	City, State and Zip Code						
	jlopez@smdrealt	y.com			_		
F:	-mail address: (to be used for future annu	aal report no	lification)				
For fu	arther information concerning this	matter, ple	ase call	:			
	Jimena G. Lopez	at (	954	)	847-3308		
<del></del>	Jimena G. Lopez Name of Contact Person		rea Code :	and Dayti	me Telephone Number		
Enclo	sed is a \$35.00 check made payab	le to the F	orida D	epartmei	nt of State.		
STRE	EET ADDRESS:		MAII	LING A	DDRESS:		
	tration Section		Registration Section				
	ion of Corporations				orporations		
	n Building			Box 632			
	Executive Center Circle		Tallah	iassee, F	L 32314		
Tallah	nassee 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.

Date of filing/registration in Florida  4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Stephen R. Morse   Name	l	Scherer R	tealty LLLP					
Date of filting/registration in Florida  4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Stephen R. Morse	Nai	ne of Limited Partnership or Li	nited Liability Li	mited Partnership				
A. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Stephen R. Morse   Name	2. 3	3/14/1990	3	A0200000	1627			
Stephen R. Morse Name  633 S Federal HYW Address  Fort Lauderdale, FL 33301 City, State and Zip  5. The name and Florida street address of the new registered agent and/or office:  John P. Nixdorf Name  633 S Federal HYW  Florida street address (P.O. Box not acceptable)  Fort Lauderdale FL 33301 City, State and Zip  6. Such changed syndrate effective who lifed by the Florida Department of State.  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 an accept the obligations of my position as registered agent.	Date of filing	registration in Florida	<del>.</del>	Florida document	number			
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Filing Fee: \$35.00 Certified Copy (optional): \$52.50	Filing Fee: Certified Copy (o							