A02000001706

(Requestor's Name)					
(A	(Address)				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(B	usiness Entity Nar	ne)			
(D	ocument Number)				
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Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
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Division of	Corporations				
SUBJECT: GINGA GROUP, LLLP					
	Name of Limited Partners	ship or Limited Liability	Limited Partnership		
DOCUMENT NUMBER:		A020000	A02000001706		
The enclosed State fee(s) are submitted		gistered Office and/	or Registered Agent and		
Please return all co	rrespondence concern	ing this matter to:			
LA	WRENCE M. HANK	IN			
	Contact Person				
LAW	RENCE M. HANKIN,	, P.A.			
· · · · · · · · · · · · · · · · · · ·	Firm/Company				
68	341 ENERGY COUR	RT			
	Address				
S	ARASOTA, FL 3424	10			
	City, State and Zip Code				
RB5 182	8 @ GMail	.com			
E-mail address: (to be used for future annua	report notification)	 -		
For further informa	tion concerning this m	natter, please call:			
LAWREN	CE M. HANKIN	at (941)	957-0080		
Name of Con	tact Person	Area Code and	Daytime Telephone Number		
Enclosed is a \$35.0	0 check made payable	to the Florida Depa	artment of State.		
STREET ADDRE	SS:	MAILI	NG ADDRESS:		
Registration Sectio			Registration Section		
Division of Corpor	ations	Division of Corporations			
Clifton Building		P. O. Bo			
2661 Executive Ce		Tallahas	see, FL 32314		
Tallahassee, FL 32	2301				



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SECRETARY OF STATE TABLAHASSEE, FLORIDA

September 25, 2013

LAWRENCE M HANKIN PA 6841 ENERGY CT SARASOTA, FL 34240

SUBJECT: GINGA GROUP, LLLP Ref. Number: A02000001706

We have received your document for GINGA GROUP, LLLP. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 413A00022544

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	GINGA GR			
Na	me of Limited Partnership or Lin	nited Liability Li	mited Partnership	
2 1	2/23/2002	3	A0200000170)6
Date of filing	registration in Florida		Florida document num	nber
4. The name of the re Department of State:	gistered agent and the registered	office address as	shown on the records	of the Florida
	RIC GRE	GORIA		7 21
	Name			SEE JE
	200 SOUTH ORANGE AVENUE		UE	
	Address			37
	SARASOTA	, FL 34236		
	City, State	and Zip		
5. The name and Flor	rida street address of the new regi	stered agent and/	or office:	2013 OCT 17 PH 4: 19 SECRETARY SECRETARIORIO
	LAWRENCE M.	HANKIN,P.	۹.	32
	Nan	ne		
	6841 ENERO	SY COURT		
	Florida street address (P.	O. Box not accer	otable)	
	SARASOTA	FL	34240	
	City, State	and Zip		
GINGA, IN	The Effective when filed by the Florida RITA B. STEELE,	esident		
I hereby accept the ap comply with the provis	pointment as registered agent an signs for all statules relative to the fail accept the obligations of my	d agree to act in proper and com	this capacity. I further	r agree to ny duties,
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50			