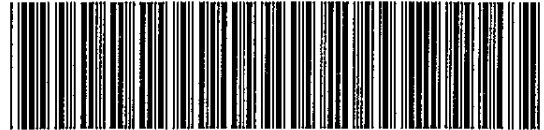


A030000000174

00789-00324-00671 * Forms att. not a corp. (LK

CarePlus
HEALTH PLANS, INC.

55 Alhambra Plaza, 7th Floor / Coral Gables, Florida 33134



800014685138

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/2 - R/A change

A03-174

Office Use Only

03/31/03--01024--012 **35.00

MMJH

FILED

03 MAY -2 AM 8:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

~~6/15/03~~



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 8, 2003

CAREPLUS HEALTH PLANS, INC.
55 ALHAMBRA PLAZA, 7TH FLOOR
CORAL GABLES, FL 33134

SUBJECT: F.I.G. CAPITAL OF HIALEAH, LTD.
Ref. Number: A03000000174

We have received your document for F.I.G. CAPITAL OF HIALEAH, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent for a Limited Partnership. The forms submitted are for a Corporation.

Please return your document, along with 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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 803A00020808

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

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.

1. FIG Capital of Hoken, Ltd
Name of the limited partnership

2. 2/4/03
Date of filing/registration in Florida

3. A03000000174
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CFRA LLC
Name

777 S Harbour Island Blvd
Address

Tampa, Florida 33602
City, State and Zip

5. The name and address of the new registered agent and/or office:

Vila d Padron
Name

2700 Salzedo Street Suite 300
Florida street address (P.O. Box **not** acceptable)

Coral Gables FL 33134
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

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 and accept the obligations of my position as registered agent. Or, if this document is being filed 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.


Signature of Registered Agent

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

FILED
03 MAY -2 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA