

AL3000000850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

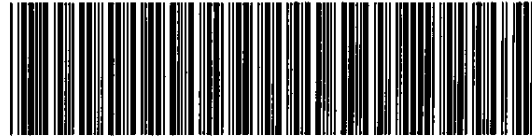
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G FAM Holdings, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A03000000850

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jorge H. Garcia

Contact Person

G FAM Invetsments, LLC

Firm/Company

1240 SW Pepperridge Terrace

Address

Boca Raton, FL 33486

City, State and Zip Code

Jorge Garcia <1240jgarcia@gmail.com>

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge H. Garcia

Name of Contact Person

at ( 561 ) 866-6179

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. G FAM Holdings, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/08/2009 3. A03000000850  
Date of filing/registration in Florida Florida document number

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

Michelle A. Caldwell  
Name

7342 NW 58th Way  
Address

Parkland, FL 33067  
City, State and Zip

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

David B. Israel, Esq.  
Name

12555 Orange Drive, Suite 4023  
Florida street address (P.O. Box not acceptable)

Davie FL 33330  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
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.*

[Signature]  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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**TALLAHASSEE, FLORIDA**