A0400001951

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE
TALLAHASSEE FISTATE

D. BRUCE
JUL 12 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Edon East Roulfy LLLP Name of Limited Partnership or Limited Liability Limited Partnership		
DOCUMENT NUMBER: <u>A 0400001951</u>		
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:		
Carol Coden Contact Person		
Firm/Company 3250 Mary St., Ste, 300 Address Miami, FL 33133 City, State and Zip Code Carol odd on Styles are Styles are approximately company E-mail address: (to be used for future annual report notification)	12 JUL 11 AM 10: 52	AND
For further information concerning this matter, please call: Orlow Orlow at (305) 447 - 1307 Name of Contact Person 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.

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1. FOLY EUS POULT I Name of Limited Partnership or Limited Liability Limited Partnership
2. 4 17 201 3. A 040000 95 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:
Alan W. Levine
Name 1110 Prickell Ave, Ste 700 Address Micumi, FL 33131 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office: Caro Ogo Name Taken
32SD Mary St. Ste 306 Florida street address (P.O. Box not acceptable)
Miami FL 33133 City, State and Zip
6. Such change(s) is/are effective when filed 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.
Signature of Registered Agent

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00