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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307

Fax Number : (561) 686-5442

LS

## REGISTERED AGENT CHANGE

LEHE FRANK E. YOUNG FAMILY PARTNERSHIP, LTD.

MECENTE 070CT31 AM 8:0 ECRETARY OF STATE LLAHASSEE.FLORIG

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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2007 GCT 31 AM II: 22 SECKETARY OF STATE TALLAHASSEE, FLORICE

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Corporate Filing Menu

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## 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, Flo<br>partnership or limited liability limited partnership s<br>change its registered office or registered agent, or b          | ubmits the following statement in order to           |
| 1. The Frank E. Young Family Part  | nership, LTD.  |
| Name of Limited Partnership or Limi  | ted Liability Limited Partnership                    |
| 2. 12/23/04  | 3. A0400002062                                       |
| Date of filing/registration in Florida   | Florida document number                              |
| 4. The name of the registered agent and the registered of Department of State:   | ffice address as shown on the records of the Florida |
| Cheryl Y Perry   |  |
| Name   |  |
| 4510 Royal Palm Be   | ach Blvd.  |
| Address  |  |
| Royal Palm Beach, FL 33411   |  |
| City, State a  | and Zip  |
| 5. The name and Florida street address of the new regist   | ered agent and/or office:                            |
| Frank E. Young   |  |
| Name   | ;  |
| 149 Ebbtide Drive  |  |
| Florida street address (P.O  | Box not acceptable)                                  |
| North Palm Beach   | <sub>FL</sub> 33408                                  |
| City, State a  | nd Zip   |
| 6. Such change(s) is/are effective when filed by the Flor  | ida Department of State.                             |
| Signature of General Partner   |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with an accept the obligations of my pand. | proper and complete performance of my duties,        |
| Signature of Registered Agent  | first<br>ITC an                                      |
| Filing Fee: \$35.00 Certified Conv (optional): \$52.50   |  |