

AOS 0000000243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

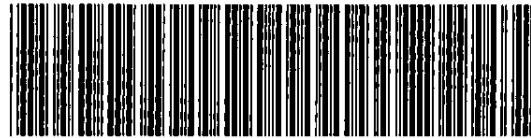
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T. CLINE

JAN - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PZA LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A05000000243

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:

Patrick Abuzeni

Contact Person

PZA LIMITED PARTNERSHIP

Firm/Company

248 Palermo Avenue

Address

Coral Gables, FL 33134

City, State and Zip Code

info@mdspas.com

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

For further information concerning this matter, please call:

Patrick Abuzeni

Name of Contact Person

at (305) 444-2888

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

**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. PZA LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/03/2005 3. A05000000243
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:

E-BOOKKEEPING, LLC
Name

248 Palermo Avenue
Address

Coral Gables, FL 33134
City, State and Zip

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

Patrick Abuzeni
Name

248 Palermo Avenue
Florida street address (P.O. Box not acceptable)

Coral Gables FL 33134
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