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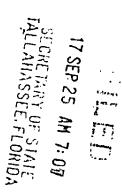
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| (Ac | ldress) | |
| (Ar | ldress) | |
| (*** | , 400) | |
| (Ci | ty/State/Zip/Phone | e #) |
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| (Bu | siness Entity Nar | ne) |
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| (Do | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

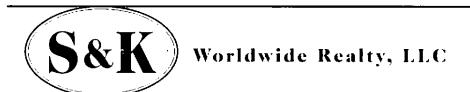


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150 Alhambra Circle, Suite 800 Coral Gables, Florida 33134 Tel.: (305) 476-0955

Fax: (305) 476-0991

e-mail: mail@sk-realty.net

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

Gentlemen:

Enclosed please find a check for the change of registered agent for the following:

| The Beauty of Palmetto Bay, Ltd. | A05000000409 | \$52.50 |
|----------------------------------|--------------|----------|
| New Fountain Place, Ltd. | A0900000680 | \$52.50 |
| Southlake Office Park, Ltd. | A32153 | \$52.50 |
| American Equities Ltd. No. 1 | A28621 | \$52.50 |
| American Equities Ltd. No. 4 | A28966 | \$52.50 |
| American Equities Ltd. No. 6 | A29179 | \$52.50 |
| FRP Developers, Ltd. | A07000000766 | \$52.50 |
| Gull House Limited No. 8 | A32968 | \$52.50 |
| | | \$420.00 |

Should you have anny questions, please contact undersigned.

Sincerely,

Lidia Cartaya, Manager

Enclosure

COVER LETTER

p

| TO: | Registration Section Division of Corporations | | | | |
|--------|--|----------------|-------------|------------------------------|--|
| SUBJ | DECT: The B | eauty of F | almett | to Bay, Ltd. | |
| | Name of Limited Part | nership or Lim | ited Liabil | ility Limited Partnership | |
| DOC | UMENT NUMBER: | | 05000 | 0000409 | |
| | nclosed Statement of Change of are submitted for filing. | Registered (| Office an | nd/or Registered Agent and | |
| Please | e return all correspondence conc | erning this n | natter to: |): | |
| | Lidia Cartaya | | | | |
| | Contact Person | | | | |
| | S&K Worldwide Rea | Ity LLC | | | |
| | Firm/Company | | | | |
| | 150 Alhambra Circle, S | Suite 725 | | | |
| | Address | | | | |
| | Coral Gables, Florida | 33134 | | | |
| | City, State and Zip Co | | | _ | |
| | lcartaya@skwwr | ealty.com | | | |
| | E-mail address: (to be used for future a | | tification) |) | |
| For fi | arther information concerning th | is matter, ple | ease call: | l: | |
| | Lidia Cartaya | at (| 305 |) 476-0955 | |
| | Name of Contact Person | | | and Daytime Telephone Number | |
| Enclo | osed is a \$35.00 check made pay | able to the F | lorida D | Department of State. | |
| STRI | EET ADDRESS: | | MAII | LING ADDRESS: | |
| Regis | stration Section | | Regis | stration Section | |
| | ion of Corporations | | | sion of Corporations | |
| | on Building | | | . Box 6327 | |
| | Executive Center Circle | | Tallal | hassee, FL 32314 | |
| Talla | hassee, 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.

| 1T | ne Beauty of F | almetto Ba | y, Ltd. | |
|--|-------------------------|-------------------------------|----------------|--|
| Name of Lim | ited Partnership or Li | mited Liability Li | mited Partners | hip |
| 2. 02/25/20 | 05 | 3. | A05000 | 0000409 |
| Date of filing/registration | | | | nent number |
| 4. The name of the registered as Department of State: | ent and the registered | l office address as | shown on the | records of the Florida |
| | S&K Realty | Group, LLC | | |
| | | me | | |
| | 150 Alhambra (| Circle, Suite 8 | 00 | |
| | Ado | lress | | |
| | Coral Gables, | Florida 33134 | 4 | |
| | City, Stat | e and Zip | | |
| 5. The name and Florida street a | address of the new reg | _ | | 17 SEC TALL |
| | | me | | 全科等 |
| | 150 Alhambra C | Sircle, Suite 7 | 25 | 25 PARY ASSE |
| Flo | orida street address (F | P.O. Box not accep | otable) | mo ₹ ∏ |
| | Coral Gables | FL | 33134 | 7: 01 F SIAI FLORI |
| 6. Such change(s) is are effective. Signature of General Partner | / | e and Zip Iorida Departmen | t of State. | OF ATE RIDA |
| I hereby accept the appointment comply with the provisions of all and I am familiar with an accept the signature of Registered Agent | statutes relative to th | ie proper and con | iplete perform | I further agree to ance of my duties, |
| Filing Fee: Certified Copy (optional) | \$35.00 : \$52.50 | | | |