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Account Number: 075350000514

Phone : (727)442-1200 Fax Number : (727)443-5829

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10. m. o.

REGISTERED AGENT CHANGE THE HUND FAMILY LIMITED PARTNERSHIP

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J. HARRIS

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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, Plorida 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.

THE HUND FAMILY LIMITED PARTNERSHIP

	MALIE I PINALLIED			
Name of Limited Parts	ership or Limited Liabil	ity Limi	ted Partners	hìp
2. 7/29/2005	3. A0500001510 Ida Plorida document number			
Date of filing/registration in Flor	ida	FI	orida docun	nent number
4. The name of the registered agent and operarment of State:	(the registered office address 	ess as sh	own on the	records of the Florida
N	ISHAD KHAN, ES	Q.	_	
	Name			
425 WEST	COLONIAL DRIVE	, SUIT	E 204	
	Address			
	RLANDO, FL 3280	04	· · · · · · · · · · · · · · · · · · ·	
	City, State and Zip			
5. The name and Florida street address of	the new registered ager	nt and/or	office:	
ALA	N S. GASSMAN, E	SQ.		
	Name			
1245 CC	OURT STREET, SL	JITE 1	02	
Florida stre	et address (P.O. Box not	иссерта	ble)	•
CLEA	RWATER	_FL	33756	
6. Such change(s) Ware effective when	City, State and Zlp	riment o	f State.	
Signature of General Partner	0			
I hereby accept the appointment as registionary with the provisions of all statutes and I am familiar with all accept the oblined as a compared to the oblined as a compared t	relative to the proper an	id compl	lete perform	I further agree to ance of my duties,
Filing Fee: \$35. Certified Copy (optional): \$52.	J			