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AUG 2 0 2013 J. BRYAN

COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	•	ONS CORA	AL PL	AZA, LLLP		
БОВ	Name of Limited Part	nership or Limite	d Liabili	ty Limited Partnersh	nip	
DOC	UMENT NUMBER:	A0	60000	000781		
	nclosed Statement of Change of are submitted for filing.	Registered Of	fice and	d/or Registered A	Agent and	
Please	e return all correspondence conc	erning this ma	tter to:			
	Miguel A. Maspons	, Esq.			2813 AUG 19 PH 1: 29 SECRETARY OF STATE FALLAHASSEE, FLURID	
	Contact Person			_		
	Maspons, Sellek, Ja	acobs			19	
	Firm/Company			_	SSI	
	2333 Ponce De Leon Blvo	I., Suite 314				
	Address				2	
	Coral Gables, Florida	33134			Dim W	
	City, State and Zip Co	de		_		
	mmaspons@mas	pons.com				
E	E-mail address: (to be used for future ar	inual report notif	ication)			
For fi	urther information concerning th	is matter, plea	se call:			
	Vanessa M. Collazo	at (786) 539-1	1430	
	Name of Contact Person	Are	a Code ai	nd Daytime Telepho	one Number	
Enclo	osed is a \$35.00 check made pay-	able to the Flo	rida De	partment of State	e.	
STREET ADDRESS:				ING ADDRESS	S:	
Registration Section		Registration Section				
•			Division of Corporations P. O. Box 6327			
	on Building Executive Center Circle	30x 6327 assee, FL 32314				
200 l	Executive Center Circle		i anana	assec, FL 32314	•	

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.

· ·	SPONS CORAL			
Name of Limited	d Partnership or Limited	l Liability Lin	nited Partnership	
2. 06/15/2006	3	3.	A0600000	0781
Date of filing/registration	in Florida	- F	Florida document	number
4. The name of the registered agen Department of State:	t and the registered office	ce address as s	shown on the rec	ords of the Florida
	Miguel A. Maspo	ons, Esq.		
	Name			
Abadin (Cook-9155 S. Dad	leland Blvd	I., #1208	
	Address			75 20
	Miami, Florida	33156		FO 3 T
	City, State and	l Zip		当ら二
5. The name and Florida street add	lress of the new register	ed agent and/o	or office:	THE FILE L
	Miguel A. Maspo	ons, Esq.		芸士
	Name			1: 29
MSJ,	2333 Ponce De L	eon Blvd.,	#314	
Flori	da street address (P.O. I	Box not accept	table)	•
	Coral Gables	FL	33134	
	City, State and	d Zip		
6. Such change(s) is/are effective	when filed by the Florid	a Department	of State.	
Signature of General Partner	(Attorney-	in-Pad	9	
I hereby accept the appointment as comply with the profisions of all stand I am familiar with an accept the	registered agent and a atutes relative to the pr	gree to act in a oper and com	this capacity. If plete performand	urther agree to e of my duties.
Signature of Registered Agent	//////////////////////////////////////			
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50			