

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000236924 3)))



H160002369243ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Estimated Charge

Fax Number : (850)617-6383

From:

(PA)

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.

Account Number : I19990000123 : (727)397-5571

Fax Number : (727)393-5418

Enter the email address for this business entity to be used for future ort mailings. Enter only one email address please.

	Email Address:	A.	SECRE	18 AL	
0	REGISTERED AGENT CHAN BAYWAY INVESTMENT FUND		清 () ()		ILED
<u> </u>	Certificate of Status	0 ROY	i i	\dot{z}	
. 19	Certified Copy	0 >		_	
BAUG S. A. G.	Page Count	01			
_ ≅	Testimoral Charge	\$35.00			

Electronic Filing Menu

Corporate Filing Menu

Help

FACSIMILE AUDIT NO.: H18000236924 3 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.

I	BAYWAY INVEST					
Nan	ne of Limited Partnership or Li	mited Liability I	imited Partnersh	úp		
, 0	6/13/2007	3	A07000			
Date of filing	Date of filing/registration in Florida		Florida docum	lorida document number		
4. The name of the rep Department of State:	ristered agent and the registered	l office address	as shown on the i	records of the Florida		
	Peter T.	Hofstra				
	Ne	me		•		
	8640 Semino	ole Boulevar	d	- 0 6		
	Add	iress				
	Seminole	FL 33772		一語る可		
	City, Sta	re and Zip		一族三二		
5. The name and Flor	ida street address of the new re	gistered agent ar	ad/or office:			
	DeLoach, Hofstra	and Cavon	ls P.A	PH 12: 14		
•	N	ume		高品 一		
	8640 Semino	ole Boulevar	d	7 5		
	Plorida street address (P.O. Box not ac	ceptable)			
	Seminole	F	L 33772			
	City, Sta	te and Zip				
6. Such change(s) is/s	re effective when filed by the l	florida Departm	ent of State.			
17/165-	<u></u>					
Signature of General I	Partner	-				
I hereby accept the ap	pointment as registered agent sions of all statutes relative to t yan accept the obligations of n	ne proper ana c	ompiete perjorm	I further agree to ance of my duttes,		
Filing Fee: Certified Copy (c	\$35.00 optional): \$52.50					