A0900000111

(Re	questor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone	#)			
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(Bu	siness Entity Nam	ne)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVED AND FILED

D. BRUCE

OCT-3 1 2012

EXAMINER

VCORP SERVICES, LLC

October 25, 2012

Department of State Registration Section of Division of Corporations 2661 Executive Circle Tallahassee, FL 32301

Re:

DIFALCO & FERNANDEZ, LLLP

Document Number - A0900000111

Dear Examiner:

Please file the attached Statement of Change of Registered Office/Agent for the above referenced entity. A check for \$35 has been enclosed to cover the costs of the filing.

In addition and as instructed, we hereby request that you make the following changes to the Principal Address and Mailing Address for DIFALCO & FERNANDEZ, LLLP as follows:

Old address: 3301 PONCE DE LEON BLVD. SUITE 200 SUITE 101 CORAL GABLES FL 33134

New Address: 777 Brickell Avenue, Suite 630 Miami, FL 33131

Should there be an error on the attached please contact me ASAP by phone or email as stated below.

Thank you for your attention to this matter.

Very truly yours,

Miriam Katz

Email: mkatz@vcorpservices.com

25 Robert Pitt Drive, Suite 204, Monsey, NY 10952 Tel. 845.425.0077 • Fax 845.818.3588 • www.IncByPro.com 12 OCT 30 AMII: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVEL AND FILED

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DIFALCO & F	ERNANDEZ, LLLP		
	imited Liability Limited Partnership		
DOCUMENT NUMBER:	A0900000111		
The enclosed Statement of Change of Registeres fee(s) are submitted for filing.	d Office and/or Registered Agent and		
Please return all correspondence concerning this	s matter to:		
Miriam Katz	·		
Contact Person			
Vcorp Services, LLC		글	
Firm/Company		AE	゙゙゙゙゙゙゙゙゙゙゙゙゙
25 Robert Pitt Drive, Suite 204		-AE AE	OCT 30
Address		XX XX	ဋ
Monsey, NY 10952		33S	
City, State and Zip Code		FES	AM II: 34
cld@difalcofernandez.com		S S	
E-mail address: (to be used for future annual report		BE I	3
For further information concerning this matter, p	please call:	22	•
Miriam Katz at (<u>(</u> 845 ₎ 425-0077		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Florida Department of State.		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, FL 32301			

INHS04 (01/06)

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	DIFALCO & FE	RNANDEZ	, LLLP	
7	lame of Limited Partnership or Lir	nited Liability l	imited Partnership	
2.	02/17/2009	3.	A0900000111	
Date of fili	ng/registration in Florida		Florida document number	
4. The name of the Department of State	registered agent and the registered ::	office address	as shown on the records of the	he Florid
	FERNANDEZ, FE	DERICO E	ESQ	
	Nai	me		
	836 SIST	INA AVE.		
	Add	ress		
	CORAL GABLE	S FL 33146	US	
	City, State	e and Zip		
5. The name and F	orida street address of the new reg	istered agent an	d/or office:	
	FERNANDEZ, FE	DERICO E	ESQ	
	Na	me		
	777 Brickell Ave	nue, Suite 6	630	
	Florida street address (P	O. Box not acc	eptable)	
	Miami	FI	33131	
//	City, Stat	e and Zip		
6. Such charge(s) i	arg effective when filed by the F	lorida Denartmo	ent of State.	
Signature of Goneta	nl Partner			
I hereby weeps the comply with the pro	appointment as registered agent a visions of all statutes relative to th with an accept the obligations of my	ie proper and co	amplete performance of my o	gree to luties,
Filing Fee:	\$35.00			
Certified Copy	(optional): \$52.50			

APPROVE