

A09000000507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

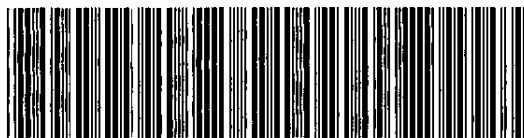
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB. 1 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULTIPLEX PARTNERS LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000507

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

PAULO CARAM

Contact Person

MULTIPLEX PARTNERS LLLP

Firm/Company

5950 LAKEHURST DRIVE STE 172

Address

ORLANDO, FL 32819

City, State and Zip Code

contact@multiplexcap.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

PAULO CARAM

Name of Contact Person

at (407) 2268299

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. MULTIPLEX PARTNERS LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/16/2009 3. A09000000507
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

KORDI LLC
Name
5950 LAKE HURST DRIVE STE 248
Address
ORLANDO, FL 32819
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

MULTIPLEX CAPITAL LLC
Name
5950 LAKE HURST DRIVE STE 172
Florida street address (P.O. Box not acceptable)
ORLANDO FL 32819
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of General Partner EASYCASH EASY Corp.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA