

140900000000781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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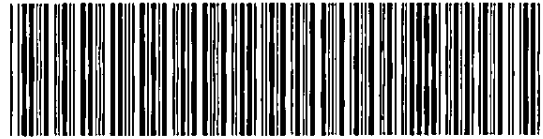
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MBIF Group, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000781

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:

Kylie Conrad & Kayla King

Contact Person

Corpl, Inc.

Firm/Company

7700 E Arapahoe Rd Ste 220

Address

Centennial, CO 80112

City, State and Zip Code

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

For further information concerning this matter, please call:

Kylie Conrad

at (720) 823-9273

Name of Contact Person

Area Code and Daytime Telephone Number

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

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

**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. MBIF Group, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 11/10/2009 3. A09000000781
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:

Smith, Edward F
Name
225 N.E. Mizner Blvd. Suite 685
Address
BOCA RATON, FL 33432
City, State and Zip

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

Registered Agents Inc
Name
7901 4th St N Ste 300
Florida street address (P.O. Box not acceptable)
St. Petersburg FL 33702
City, State and Zip

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

/s/ MELISSA HAYAKAWA
Signature of General Partner

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.

/s/ David Roberts
Signature of Registered Agent

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