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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : MARKO & MAGOLNICK, P.A.

Account Number: I20050000186

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REGISTERED AGENT CHANGE BOLDUC FAMILY LIMITED PARTNERSHIP

Certificate of Status 0 0 Certified Copy Page Count 01 \$35.00 Estimated Charge

J. HARRIS

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, Plorida 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.

1E	BOLDUC FAMILY LIN	ITED PA	RTNERSHIP				
Na	me of Limited Partnership or Lie	mited Liability	Limited Partnership				
2. 1	0/22/2011	3.	3. A11000000763				
Date of filing	Date of filing/registration in Florida		. Florida document number				
4. The name of the re Department of State:	gistered agent and the registered	l office address	as shown on the rec	ords of the Florida			
	Anthony	Γ. Golden					
	Na	me					
	145 Sevill	a Avenue					
	Add	ress					
	Coral Gable	s, FL 33134	<u> </u>				
	City, Stat	e and Zip					
5. The name and Flor	rida street address of the new reg	istered agent a	nd/or office:	Are is			
	M&M RA Se	ervices, LLC	; 		:		
	Na	me		APR AHA			
	3001 SW 3	rd Avenue		27 (28)	5		
	Florida street address (F	.O. Box not acc	ceptable)	그 🚉 🕦	िंग		
	Miami	F	L_ 33129_	AH 10: 08 of State	G. 440		
	City, Stat	e and Zip			_		
6. Such change(s) is/	are effective when filed by the F	lorida Departm	ent of State.	A			
Signature of General	Parmer AWTHOMEOR REPRE	sentative					
I hereby accept the aj comply with the provi	ppointment as registered agent a isions of all statutes relative to th h an accept the obligations of m	und agree to act he proper and c	omplete performanc	urther agree to e of my duties,			
Filing Fee: Certified Copy (\$35.00 optional): \$52.50						