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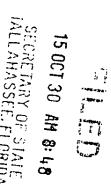
| equestor's Name) | | | | | | |
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| ldress) | | | | | | |
| ldress) | | | | | | |
| ty/State/Zip/Phon | e #) | | | | | |
| ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations SUBJECT: Nguyen Partnership, LUP
Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A 11000000869 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: Jordan A. Deloach
Contact Person Contact Person

Deloud, P.L.

Firm/Company 1206 East Ridgewood Street
Address Orlando, Florida 32803
City, State and Zip Code jordan a deloach planning eom

DE-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jordan A. DeLoach at (407) 480 - 5166

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**

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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. Nanyen tar | mership, LLLP | <u>'</u> | | | |
|--|---|--|------------------|------------------|------------|
| 1. Nguyen Pav Name of | Limited Partnership or Lir | nited Liabilit | y Limited Partne | rship | |
| 2. 11/22/201 | l | 3. | A1100000 | 0869 | |
| Date of filing/regis | tration in Florida | 3. Allo00000 \$69 Florida document number | | | |
| 4. The name of the registere Department of State: | - | | | e records of the | he Florida |
| C | earla A. De | wach | • | _ | |
| | Nar | me | | _ | |
| <u> </u> | Naria A. De Naria Na Na Na Na Na Na Na Na Na Na Na Na Na | genouc | Street | _ | |
| | Add | ress | | | |
| 6 | Hando, Flo | rida | 32803 | _ | |
| | City, State | e and Zip | | - > | 1 |
| 5. The name and Florida str | reet address of the new reg | istered agent | and/or office: | LIL A | 15 c |
| | Vuong B. No | guven | | 五: [2] | |
| | Nai | me | | 388 | ±30 € |
| | 3120 Downs C | ove Ro | ad | ن ح بين | |
| | Florida street address (P | O. Box not a | ecceptable) | _ | @ |
| | Windermere | / | FL 347 | \$v € | Op. |
| | City, State | e and Zip | • | | |
| 6. Such change(s) is/are eff | ective when filed by the Fl | lorida Depart | ment of State. | | |
| 1 | | · | | | |
| Signature of General Partne | <u>r</u> | | | | |
| Vnong B. Nanyen, as I hereby accept the appoints comply with the provisions o and I am familiar with an ac | Manager of Nowyer ment as registered agent an of all statutes relative to th ecept the obligations of my | e proper and | complete perform | | , |
| Signature of Registered Age | ent | | | | |
| Filing Fee: | \$35.00 | | | | |
| Certified Conv (option | nal): \$52.50 | | | | |