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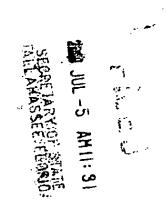
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## **COVER LETTER** THE STATE OF THE S TO: **Registration Section** Division of Corporations Chumman Fam, ly .Ltd Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER: A 1200 0000 119 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Carol Olson Contact Person Development + Construction Corporation of America Firm/Company 8885 SW 110th Street Address O Cala FL 34481 City, State and Zip Code COISON & decca homes. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Carol Olso at 352 854-6557 × 301 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: STREET ADDRESS:** Registration Section Registration Section

Clifton Building 2661 Executive Center Circle

**Division of Corporations** 

Tallahassee, FL 32301

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.

change its registered office or registered agent, or both, in the state of riorida.
1. Ghumman Family Ltd
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03 05 2012 3. A 12 000000 119 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:
•
Priya Ghumman  Name  10983 SW 89 Th Avenue
Address  OCAIA FL 34481  City, State and Zip
City, State and Zip
City, State and Zip  5. The name and Florida street address of the new registered agent and/or office:
Priya Ghumman  Name  Name
8825 SW Noth Street
Fiorida street address (P.O. Box not acceptable)
Ocala FL 34481
City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.
Signature of General Partner  Ayesha Shenk
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 my fundiar with an accept the obligations of my position as registered agent.
1921 () 1 m
Signature of Registered Agent
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Filing Fee: \$35.00 Certified Copy (optional): \$52.50
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