

A120000000128

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 16 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North American Foreclosure and Distressed Opportunities Fund, LLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A10000000321

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:

Albert Wessels

Contact Person

NAFD OF

Firm/Company

PO Box 99

Address

Buffalo, NY 14205

City, State and Zip Code

albert@naf dof.com

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

For further information concerning this matter, please call:

Albert Wessels

Name of Contact Person

at (289)

Area Code and Daytime Telephone Number

434-4225

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. North American Foreclosure and Distressed Opportunities Fund II LLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. March 9, 2012
Date of filing/registration in Florida

3. A120000000128
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:

Corporation Company of Miami
Name
201 South Biscayne Blvd, Suite 1500 (WGM)
Address
Miami, FL 33131
City, State and Zip

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

Olsen Law Partners, LLP
Name
2518 Edwater Dr
Florida street address (P.O. Box not acceptable)
Orlando FL 32804
City, State and Zip

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

[Signature]
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.

[Signature]
Signature of Registered Agent

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

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