A12000000186

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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: DG KAUFMAN HOLDINGS, L	TD.	
Name of Limited Partner	ship or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A12000000186	· · · · · · · · · · · · · · · · · · ·	
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Office and/or Registered Agent and	
Please return all correspondence concern	ning this matter to:	
Lee J. Osiason, Esq.		
Contact Person		
Lee J. Osiason, P.A.		
Firm/Company		
1805 Ponce De Leon Blvd., Suite 300		
Address		
Coral Gables, FL 33134		
City, State and Zip Code		
LJO@osiasonlaw.com		
E-mail address: (to be used for future annu-	al report notification)	
For further information concerning this i	natter, please call:	
Lee J. Osiason, Esq.	at () 978-7980	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payabl	e to the Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	19119D9CCOC 1:1 573114	

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 be	oth, in the state of Florida.		
DG KAUFMAN HOLDINGS,	, LTD.		
Name of Limited Partnership or Limite	ed Liability Limited Partnership		
2.04/06/2012	3.A1200000186		
Date of filing/registration in Florida	Florida document number		
4. The name of the registered agent and the registered off Department of State:	ffice address as shown on the records of the Florida		
Stanley E. Bilsker			
Name			
7600 Red Road, Su	7600 Red Road, Suite 334		
Address			
South Miami, FL 3.	is 3143-5430 TARE TARE STORY or officer of the state of t		
City, State ar	nd Zip		
5. The name and Florida street address of the new registe	ered agent and/or office.		
Lee J. Osiason, P.A	1. Suite 200		
Name			
1805 Ponce De Leon Blvd., Suite 300			
Florida street address (P.O.	. Box not acceptable)		
Coral Gables	_{FL} 33134		
City, State ar			
 Such change(s) is/are effective when filed by the Florie 	ida Department of State.		

as Manager of DG Kaufman Management, LLC, the 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 an familiar with an accept the obligations of my position as registered agent.

Signature of Registered Agent

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