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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (786)899-2235
Fax Number : (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kleopold@leopoldkorn.com

REGISTERED AGENT CHANGE
DOLPHIN PLAZA PW, LP

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K. SALY

AUG 13 2019

**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. DOLPHIN PLAZA PW LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. December 12, 2012 3. A12000000978
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:

Amiram Peleg
Name
15155 NW 7th Avenue, 2nd floor
Address
Miami, FL 33169
City, State and Zip

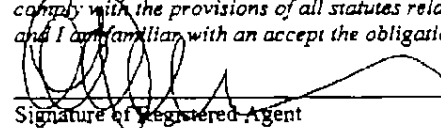
5. The name and Florida street address of the new registered agent and/or office:

Leopold Korn, P.A.
Name
20801 Biscayne Blvd., Suite 501
Florida street address (P.O. Box not acceptable)
Aventura FL 33180
City, State and Zip

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


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 of Registered Agent

Filing Fee: \$35.00
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TALLAHASSEE