Division of Corporations Electronic Filing Cover Sheet

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(((H15000228147 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: BUSINESS FILINGS

Account Number: 105256001620

Fax Number

: (608)827-5300 : (608)827-5501

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

REGISTERED AGENT CHANGE EDALSA HOLDINGS, LLLP

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Electronic Filing Menu

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Help

P.002

Fax Audit #H15000228147 3

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	EDALSA HOLDINGS, LLLP			
Name of Limited Partnership or Limited Liability Limited Partnership				
2	1/14/2013	3 A13000000027		
	Date of filing/registration in Florida	Florida document number		
	The name of the registered agent and the registered opartment of State:	office address as shown on the records of the Flo	rida	
	BUSINESS FILINGS	INCORPORATED		
	Name			
	515 E PAF	RK AVE		
Address				
TALLAHASSEE, FL 32301				
	City, State	and Zip		
5.	The name and Florida street address of the new regis	stered agent and/or office:	/ W. E. #8 6 76 7	
	Business Filings	s Incorporated		
	Name	ne		
1200 South Pine Island Road				
Florida street address (P.O. Box not acceptable)				
	Plantation	FL33324		
	City, State	and Zip		
6.	Such change(s) is/are effective when filed by the Flo.	orida Department of State.		
Sig	mature of General Partner			
coi	ereby accept the appointment as registered agent und inply with the provisions of all statutes relative to the il am familiar with an accept the obligations of my p mature of Registered Agent Mark Williams, A	e proper and complete performance of my duties,		
	ling Fee: \$35.00 ertified Copy (optional): \$52.50			

Fax Audit #H15000228147 3