AI40000247

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(Document Number)						
Certificates	s of Status					
Special Instructions to Filing Officer:						
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SECRETARY OF STATE

COVER LETTER

Division of Corporat	ions				
SUBJECT: 482 13th AVENUE SOUTH, L.P. Name of Limited Partnership or Limited Liability Limited Partnership					
Name of L	imited Partnership or Limited Liability Limited Partnership				
DOCUMENT NUMBER:_	A1400000247				
The enclosed Statement of C fee(s) are submitted for filin	Change of Registered Office and/or Registered Agent and g.				
Please return all corresponde	ence concerning this matter to:				
DANIEL K. WEI	DENBRUCH, ESQ.				
Conta	ct Person				
FISHERBE	ROYLES, LLP				
Firm/C	Company				
1415 PANTHER	R LANE, SUITE 315				
A	ddress				
NAPLES	, FL 34109				
City, State	and Zip Code				
	JCH@FISHERBROYLES.COM				
E-mail address: (to be used to	for future annual report notification)				
For further information conc	eerning this matter, please call:				
DANIEL K. WEIDENBF	RUCH, ESQ. at (239) 593-6108X5115				
Name of Contact Person					
Enclosed is a \$35.00 check i	nade payable to the Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circl	e Tallahassee, FL 32314				
Tallahassee, FL 32301					

INHS04 (01/06)

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.

1482	13th AVENUE	SOUTE	H, L.P.	
Name of Limited I	Partnership or Limited I	Liability L	imited Partnership	
2. 05/12/2014		3	A14000000247	
Date of filing/registration in	Florida		Florida document number	
4. The name of the registered agent a Department of State:	and the registered office	address a	s shown on the records of the Flo	rida
	R&A Agents,	Inc.		
	Name		· · · · · · · · · · · · · · · · · · ·	
85	0 Park Shore Dr.,	, 3rd Flo	or	
• • • • • • • • • • • • • • • • • • •	Address			
	Naples, FL 3	4103		
	City, State and 2	Zip		_
5. The name and Florida street addre	ss of the new registered	l agent and	l/or office:	FILED MIN: 35 SECRETARIES FERRISE TALLANTASSE FERRISE TALLANTAS FERRISE
	FISHERBROYL	ES, LLI	P	題青工
	Name			题 20
1415	PANTHER LANE	, SUITE	315	
Florida	street address (P.O. Bo	x not acce	ptable)	
NAPI	LES, FL 34109	FL		<u></u> 3
	City, State and 2			De Co
6. Such change(s) is/are effective wh	en filed by the Florida	Departmer	nt of State.	
Signature of General Partner				
I hereby accept the appointment as recomply with the provisions of all state and I am familiar with an accept the Signature of Registered Agent	utes relative to the prop	er and co	mplete performance of my duties,	

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00