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S. YOUNG

COVER LETTER

Division of Corporations 215 3RD AVENUE NORTH, L.P. SUBJECT: Name of Limited Partnership or Limited Liability Limited Partnership A14000000539 DOCUMENT NUMBER: 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: DANIEL K. WEIDENBRUCH, ESQ. Contact Person FISHERBROYLES, LLP Firm/Company 1415 PANTHER LANE, SUITE 315 Address NAPLES, FL 34109 City, State and Zip Code DANIEL.WEIDENBRUCH@FISHERBROYLES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL K. WEIDENBRUCH, ESQ. at (593-6108X5115 Name of Contact Person Area Code and Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations**

P. O. Box 6327

Tallahassee, FL 32314

INHS04 (01/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Registration Section

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	215 3RD AVENUE NORTH, L.P.			
	Name of Limited Partnership or Lim	rited Liability	Limited Partnership	
2	10/09/2014	3	A1400000539	
Date of filing/registration in Florida			Florida document number	
4. The name of the Department of States		office address	s as shown on the records of the Florida	
	R&A Age	nts, Inc.		
	Nan			
	850 Park Shore	Dr., 3rd F	loor	
	Addr	· · · · · · · · · · · · · · · · · · ·		
	Naples, Fl	34103		
	City, State	and Zip	20	
5. The name and	Florida street address of the new regi	stered agent ar		
	FisherBro	yle, LLP		
	Nan	ne		
	1415 PANTHER L	ANE, SUIT	<u>*</u> •	
	Florida street address (P.	O. Box not acc	eceptable)	
	NAPLES, FL 341	09 _F	FL	
	City, State			
6. Such change(s	is/are effective when filed by the Flo	orida Denartm	nent of State.	
Signature of Gen	aral Partner			
/ /				
I hereby accept the	he appointment as registered agent an	d agree to act	t in this capacity. I further agree to	
and I a m fam iliar	provisions of all statutes relative to the with an accept the obligations of my	: proper ana c position as reg	complete performance of my auties, egistered agent.	
Signature of Regi	stered Agent			
Filing Fee:	\$35.00			
Certified Cop	y (optional): \$52.50			