

12/24/2014 9:51:27 From: T : (850) 617-6383

Division of Corporations

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A140000000729

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

**REGISTERED AGENT CHANGE
CDN REALTY LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DEC 29 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CDN REALTY LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000729

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:

Nick Di Re

Contact Person

CDN REALTY LP

Firm/Company

7180 LIENART ST., APT. #2

Address

ST. LEONARD, QUEBEC, PQ H1S 1-W6 CN

City, State and Zip Code

info@immobiliadire.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney L. Scanlon

Name of Contact Person

at (716)

848-1538

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. CDN REALTY LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/16/2014 3. A14000000728
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:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, Florida 33324
City, State and Zip

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

Karen Williams North, Esq.
Name
5220 S. University Drive, Suite C-110
Florida street address (P.O. Box not acceptable)
Davie FL 33328
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
Certified Copy (optional): \$52.50

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