

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

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REGISTERED AGENT CHANGE
THE RAPHAEL FAMILY II, LLLP

Certificate of Status	0
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M. SOLOMON
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**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. The Raphael Family II, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. November 16, 2016

Date of filing/registration in Florida

3. A16000000641

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:

Laurence I. Blair, Esq.

Name

c/o Greenspoon Marder LLP
2255 Glades Road, Suite 400E

Address

Boca Raton, FL 33431

City, State and Zip

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

Capitol Corporate Services, Inc.

Name

515 East Park Avenue, 2nd Floor

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

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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SECRETARY OF STATE
TALLAHASSEE, FL

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