A23563

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TIFFANY 3/8 ASSOCIATES, LTI	D.		
Name of Limited Partnersh	ip or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A23563			
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	istered Office and/or Registered Agent and		
Please return all correspondence concernir	ng this matter to:		
DANIEL TODD WHYTE			
Contact Person			
GOLDMAN PROPERTIES			
Firm/Company			
2214 NW 1st PLACE, 2nd FLOOR			
Address			
MIAMI, FL 33127			
City, State and Zip Code			
danielw@goldmanproperties.com			
E-mail address: (to be used for future annual	report notification)		
For further information concerning this ma	atter, please call:		
Daniel T. Whyte	at (305) 531-4411		
Name of Contact Person	at (305)531-4411 Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable	to the Florida Department of State.		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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.

change its registered of	office or registered agent, or	both, in the state of Florida.		
1 Tiffany 3/8	Associates Ltd.			
· '	of Limited Partnership or Lin	ited Liability Limited Parmers	hip	
2.11/12/1986		_{3.} A23563		
	egistration in Florida	Florida docum	ent number	
4. The name of the regis	stered agent and the registered	office address as shown on the	records of the Florida	
N	Marlo Courtney			
_	Nan	ie		
2	214 NW 1st Plac	e, 2nd Place		
	Addr	ess		
N	Miami, FL 33127			
_	City, State	and Zip	202 ₁ SEC	
5. The name and Florida	a street address of the new regis	stered agent and/or office:	[A] OC	4
	Daniel Todd Why		T-	=
<u> </u>	Name Name		SS.	ILE
2	214 NW 1st Plac		E SE	III
_	Florida street address (P.0	·	9: 2 3 [VIII	O
N	Miami	_{FL} 33127	171	_
	City, State			8
6. Such change(s) is/are	effective when filed by the Flo	•		
Signature of General Par	tner			
I hereby acoust the appo	intment as registered agent and	I aurea to act in this canacing	I further garage to	
comply with the provisio	ns of all statutes relative to the	proper and complete performa	nce of my duties,	
and I am familiar with a	n accept the obligations of my p	position as registered agent.		
6 (5)				
Signature of Registered	Agent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50