② 001/002 Page 1 of 1

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(((H10000248046 3)))



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From:

Account Name : NRAI SERVICES, LLC

Account Number : I20060000104 Phone : (302)674-4089 Fax Number : (302)674-5266

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**EXAMINER** 

## H10000248046 3

## 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.

	IG METS, L.P.	mi, in the state of Profice.		
	Name of Limited Partnership or Limite	ed Liability Limited Partnership	<del></del>	
2.8/27/198	7	<sub>3.</sub> A25103		
	ing/registration in Florida	Florida document number		
4. The name of the Department of Stat	registered agent and the registered of	fice address as shown on the reco	ds of the Florida	
	Prentice-Hall Corpo	oration System, Inc	•	
	Name			
	1201 Hays St, Suit	e 105		
	Addres			
	Tallahassee FL 32	2301		
	City, State a	nd Zip	, my	
5. The name and F	lorida street address of the new registe	ered agent and/or office:	10 NOV 16 SECRETAR SALLAHASS	
	NRAI Services, Inc.			
	Name		SE 5	
	2731 Executive Park Drive	e, Suite 4	RY OF	
	Plorida street address (P.O.	Box not acceptable)	7.00	
	Weston	FL 33331	8: 08 F STATE FLORIC	
	City, State at		20 T	
	Is/are effective when filed by the Flori	-		
comply with the pro	appointment as registered agent and a prisions of all statutes relative to the p with an accept the obligations of my po , Inc. ered Agent	roper and complete performance		
Filing Fee:	\$35.00			
_	(optional): \$52.50		N.	