

A29251

Requester's Name

**TRIESTER INTERNATIONAL
MANAGEMENT COMPANY**

35 KINGS HIGHWAY EAST • SUITE 112
HADDONFIELD, NEW JERSEY 08033

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #) **400004530064--3**
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NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Triester/Diplomatic Towers Associates
Name of the limited partnership
2. November 27, 1989
Date of filing/registration in Florida
3. A29251
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Triester International Realty Corp.
Name
100-101 Seabreeze Blvd.
Address
Daytona Beach, FL 32118
City, State and Zip

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

Diplomatic Towers Management Company
Name
100-101 Seabreeze Blvd.
Florida street address (P.O. Box not acceptable)
Daytona Beach, FL 32118
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Simon G. Triester
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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