## A30029

	OPTIMA MANAGEMENT, INC.  222 Lakeview Avenue Suite 160-293 West Palm Beach, FL 3340 (Address)	)1	
(City/State/Zip/Phone #)			
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## 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.	MATTHEWS FAMILY INVESTMENT PARTNERSHIP  Name of the limited partnership	
2.,	Date of filing/registration in Florida  3. A 3 \infty 29  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:  CORPORATION SERVICE COMPANY  Name  1201 Hays SREET	
	Address  TALLAHA SSEE , FL 3236/  City, State and Zip	A.Y.
5.	The name and address of the new registered agent and/or office:    MATTHEWS BROS., IVC   1975   8: 35     Name   2882 POLO ISLAND DRIVE   36	SAP L
6.	Florida street address (P.O. Box not acceptable)  WELLIE TON, FL 33414  City, State and Zip  Such change(s) was/were authorized by the general partners.	
Si	gnature 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.

Daugh / PRES., MATTHEWS BRUS, INC. GON'L PARTHEMS BRUS, INC. GON'L PARTHEMS

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