## A30980

Rollande D. Boutin 4010 Galt Ocean #511 Fort Lauderdale, FL 33308

City/State/Zip

Phone #

Office Use Only

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

1.			<del></del>		:5 f 55 5 6/9801071 <u>*85.00</u> ***	
<u> </u>	(Corporation Name)	(Doc	ument #)	<b>李章李李</b>	<u> </u>	**ぶつ。ひし
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☐ Mail out	☐ Will wait	Photocopy	Certificat	te of Status		
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25-00-000 25-00-000 25-00-000	NEW FILINGS
	Profit
	NonProfit
	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
Name Reservation —

REGISTRATION/ QUALIFICATION
Foreign -
 Limited Partnership
Reinstatement
Trademark
Other

Name
Availability
Document
Examiner
Updater
Updater
Verifyer
Acknowledgement
W. P. Velifyer

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. Boutin Family hts T.  Name of the timited partnership	
2. 12-24-1990 Date of filing/registration in Florida  3. A 30980 Document number assigned	
4. The name of the registered agent and the registered office address as shown on the reco Department of State:	rds of the Florida 98 JUN 26 SECRETAR) TALLAHASS
5. The name and address of the new registered agent and/or office:  Rollande D. Boutin  Name  4010 Statt O wan Drive #511  Florida street address (P.O. Box not acceptable)  Ft handerdale FL 33308  City, State and Zip	LED 6 PM 4: 25 RY OF STATE SEE, FLORIDA
6. Such change(s) was/were authorized by the general partners.  Luft & astern Composation by  Rollande to Boutine See Treas  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.

Kollande D Boutin

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00