## A33148

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MIML, Limited Partnership Name of Corporation
DOCUMENT NUMBER: A 33148
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christy Infiesta Name of Contact Person
MIML, Limited Partnership
19501 Biscaure Blvd. #400
Aventura FL 33180  Rity/State and Zip Code
Cinfiesta atvrnberry. com  E-mail address: (to be used for future annual deport notification)
For further information concerning this matter, please call:  Christy Infiesta at (305) 914-8205  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 . Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this sent of change is submitted for a corporation organized under the laws of the State of <b>Florida</b> in order to change its registered office or registered agent, or both, in the State of Florida.		
	MINAL Final J Oak 15		
	1. The name of the corporation: MINIL, LIMITEA PARTNEYSHIP  2. The principal office address: 19501 Biscaune Blvd. #400		
	Aventura FL 32180		
	3. The mailing address (if different): Same as above		
٠	4. Date of incorporation/qualification: 07/06/1992 Document number: 433148		
	5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		
	<u>Marsha Soffer</u>		
	19501 Biscaune Blvd. #400		
	Aventura FL 33180 ER 5		
•	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Jack E. Karson		
	19501 Biscourse Blvd #400 50 =		
	P.O. Box DO acceptable		
	- TIVELLIVIA, FE 33180		
-	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.		
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.		
ż	Tacil E Vace no		
-	Signature of an officer or director Printed or typed name and title		
100	hereby tecept 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 obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.		
	Oca Sil melinilin		
	Signature of Registered Agent Date		
l	f signing on behalf of an entity:		
	Typed or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*