

A950000000109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 SEP 11 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 12 2013

EXAMINER



ZORRILLA & ASSOCIATES, P.L.
2600 DOUGLAS ROAD
PENTHOUSE 10
CORAL GABLES, FLORIDA 33134
T: 305.379.7200
F: 305.379.7009

August 26, 2013

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

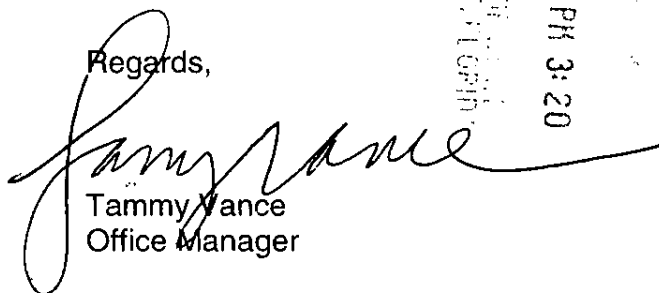
Re: Change of Address for Registered Agent

Please change our address per the enclosed forms and our check in the amount of \$165.00 for the following companies:

Nile Gardens	L09000035984	\$25.00
Fundacion Rescate Juridico	N05000006647	\$35.00
Behr Holdings, LTD.	F080000001819	\$35.00
First Equitable Realty III, Inc.	P95000004323	\$35.00
First Equitable Realty III, Ltd.	A95000000109	\$35.00

If you require any additional information, do not hesitate to contact me.

Regards,



Tammy Vance
Office Manager

Enclosure

2013 SEP 11 PM 3:20
TALLAHASSEE, FLORIDA

**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.

1. First Equitable Realty III, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/20/1995 3. A95000000109
Date of filing/registration in Florida Florida document number

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

Zorrilla & Associates, P.L.
Name
2600 Douglas Rd., Suite PH-10
Address
Coral Gables, FL 33134
City, State and Zip

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

Juan C. Zorrilla, Esq.
Name
1825 Ponce de Leon Blvd., Suite 517
Florida street address (P.O. Box not acceptable)
Coral Gables FL 33134
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Charles C. Edwards
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.

[Signature] August 24, 2013
Signature of Registered Agent

Filing Fee \$35.00
Certified Copy (optional): \$52.50

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