

A95000000406

Gerald M. Lichen
Requestor's Name

6096 NW 30th Way
Address

Boca Raton, FL 33496
City/State/Zip Phone #

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 24 AM 8:46

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

200002623172--8
-08/24/98--01092--002
*****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name	<i>MLH</i>
Availability	<i>MLH</i>
Document Examiner	<i>MLH</i>
Updater	<i>MLH</i>
Verifier	<i>MLH</i>
Acknowledgement	<i>MLH</i>
V. P. Verifier	<i>MLH</i>

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 organized under the laws of the state of FLORIDA, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MEGA CAP FUND, LTD
Name of the limited partnership
2. 3-13-95 3. A95000 000406
Date of filing/registration in Florida Document number assigned

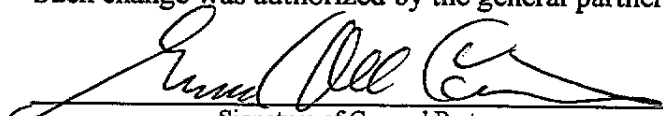
4. The name and address of the present registered agent and office:

GERALD M. LICHEN
320 ARIZONA ST
HOLLYWOOD FL 33019

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)


GERALD M. LICHEN
6096 NW 30TH WAY
BOCA RATON FL 33496

Such change was authorized by the general partners.


Signature of General Partner

7-24-98
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.


Registered Agent signature

7-24-98
Date

Filing Fee: \$35.00

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

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