

A950000000996

65-45 Miracle Mile Ltd

Requester's Name

107 Mill Plain Rd. Suite 305

Address

Danbury CT 06811

City/State/Zip

Phone #

700003202417--9

-04/10/00--01157--003

\*\*\*\*\*35.00 \*\*\*\*\*35.00

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 #)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in  | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy        |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait          | <input type="checkbox"/> Certificate of Status |
|                                   | <input type="checkbox"/> Photocopy          |  |

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
MAR 10 PM 3:42  
mtu  
4/19

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. 65-45 Miracle Mile, Ltd.  
Name of the limited partnership

2. 6/30/95 Date of filing/registration in Florida 3. A95000000996 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:

A Z Registered Agent Corporation  
Name  
2601 S. Bayshore Drive, Suite 1600  
Address  
Miami, Florida 33133  
City, State and Zip

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

Joel Hirschhorn, Esq.  
Name  
Douglas Centre, PH-1, 2600 Douglas Road  
Florida street address (P.O. Box not acceptable)  
Coral Gables, Florida 33134-6134  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

65-45 MIRACLE MILE, INC., General Partner

By: [Signature], President General Partner  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. If 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.*

By: [Signature]  
Signature of Registered Agent

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

FILED  
00 MAR 10 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA