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Florida Department of State
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To:

Division of Corporations
 Fax Number : (850)205-0380

From:

Account Name : GREENSPOON MARDER, P.A.
 Account Number : I19990000182
 Phone : (954)491-1120
 Fax Number : (954)267-8013

REGISTERED AGENT CHANGE

SHILOH FAMILY, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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T-344 P002/002 F-466

**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. SHILOH FAMILY, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. January 8, 1996

Date of filing/registration in Florida

3. A96000000083

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:

ALAN B. COHN

Name

c/o Abrams, Anton, Robins, Resnick

Address

2021 Tyler Street, Hollywood, FL 33022

City, State and Zip

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

ALAN B. COHN

Name

100 West Cypress Creek Road, Suite 700

Florida street address (P.O. Box not acceptable)

Fort Lauderdale FL 33309

City, State and Zip

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


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 of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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