

A9600000000768

R. A. RASKIN, ESQ.
4349 TREVI CT.
LAKE WORTH, FL.
33467

City/State/Zip

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

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4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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
00 SEP -7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A96-768
OK 9-18

[Handwritten signatures and initials]

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. RASKIN FAMILY LIMITED PARTNERSHIP
Name of the limited partnership

2. APRIL-23-1996
Date of filing/registration in Florida

3. A96000000768
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:

VALDES-FAULI CORPORATE SERVICES, INC.
Name

777 SOUTH FLAGLER DRIVE STE 500 E.
Address

WEST PALM BEACH FL. 33401
City, State and Zip

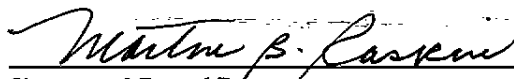
5. The name and address of the new registered agent and/or office:

RAYMOND A. RASKIN, ESQ.
Name

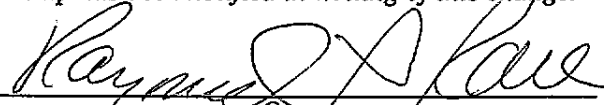
4349 TREVI COURT
Florida street address (P.O. Box not acceptable)

LAKE WORTH FL 33467
City, State and Zip

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


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. 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.


Signature of Registered Agent
RAYMOND A. RASKIN

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

FILED
00 SEP -7 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA