## 

City/State/Zip

CR2E031(7/97).

Phone #

800005859948--3 -06/19/02-01039-007 \*\*\*\*105.00 \*\*\*\*\*35.00

**Examiner's Initials** 

Office Use Only

	Office Use Only	
CORPORATION NAME(S). & DOCUM	ENT NUMBER(S), (if known):	
1. Hops of Pembooke Pines	(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	
NEW FILINGS	AMENDMENTS  Amendment	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	•• ==
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	 √

## 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. Hops of Pembroke Pines, Ltd.  Name of the limited partnership	<u> </u>	. Tal. J <u>a</u>
readile of the minited partnersmp		
2. 10-9-96 Date of filing/registration in Florida 3. A9600001877 Document number assigned		. 2
4. The name of the registered agent and the registered office address as shown on the records of the Department of State:	ıe Florida	
Higbee, R. Alan Esq.		
Name		. <del>-</del>
501		
Tampa, FL 33602		
City, State and Zip	·	
		法
5. The name and address of the new registered agent and/or office:		
Corporation Service Company		
Name		<del>.</del>
1201 Harra Observe	32 5	17
1201 Hays Street Florida street address (P.O. Box not acceptable)		
- · ·		,
Tallahassee, FL 32301-2525 City, State and Zip		
6. Such change(s) was/were authorized by the general partners.		
Signature of General Partner Zack A Kollias	<u>Z</u> i	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relative to the proper and complete performance of my duties, familiar with and accept the obligations of my position as registered agent. Or, if this document is be merely to reflect a change in the registered office address, I hereby confirm that the limited partner been notified in writing of this change.	and I am	
Mauree Culle	· •	4 ·
Signature of Registered Agent		

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00