

# A97000000815

Kravchuk Family Limited Partnership, Ltd.  
1615 Ferdinand St.  
Coral Gables, FL 33134

300002843833--8  
-04/19/99-01088--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

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 #)

FILED  
99 APR 19 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

A 97-815

Name	_____
Availability	_____ 4-22
Document	_____
Examiner	_____
Updater	_____
Verifier	_____
Acknowledgment	_____
W. P. Verifier	_____

**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. KRAVCHUK FAMILY LIMITED PARTNERSHIP, LTD.  
Name of the limited partnership

2. 4/7/97  
Date of filing/registration in Florida

3. A97000000815  
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:

BERGER, J.D., LL.M, MICHAEL L P.A.  
Name

9990 S.W. 77TH AVENUE, STE. 313  
Address

MIAMI, FL 33156  
City, State and Zip

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

STEVEN K. KRAVCHUK  
Name

8151 BRIDGEWATER CT APT C  
Florida street address (P.O. Box not acceptable)

WEST PALM BEACH, FL 33406  
City, State and Zip

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

E. Nancy Kravchuk, G.P. 4/14/99  
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.*

Steven K. Kravchuk 4/14/99  
Signature of Registered Agent

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

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