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Ruby Gonzalez, CLA Haber, Lewis & Pathman, LLP One Biscayne Tower, Suite 3660 2 South Biscayne Boulevard – Miami, FL 33131	2
City/State/Zip Phone	e#

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WITILINGS	AMEND AMEND	MITN 12 THE REPORT OF THE PERSON NAMED IN	-05/04/99	-0103900

NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

-05/04/99--01039--001 ****175.00 *****35.00

OTHER FILINGS	
Annual Report	
Fictitious Name	
 Name Reservation	

REGISTRATION/
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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MAY 1 2 1999

Examiner's Initials

JB

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERD OFFICE OR REGISTERED AGENT, OR BOTH

	uant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited tership submits the following statement in order to change its registered office or registered agent,
	oth, in the State of Florida.
4	A Commence of Miles Friendle Instrument and Annual Commence of the Instrument and Annual Commence of the Instrument and Instru
1.	Lawrence L. Kibler Family Investments, Ltd. Name of limited partnerships
	Name of inflitted partiterships
2.	
	Date of filing/registration in Florida Document number assigned
4. of th	The name of the registered agent and the registered office address as shown on the records e Florida Department of State:
	B& C Corporate Services, Inc. Lawrence L. Kibler 201 S. Biscayne Boulevard, Suite 3000 13245 J.W. 74th Ave.
	2 01 S. Biscayne Boulevard, Suite 3000 132.45 S.W. 74 - 77VE
	-Miami, FL 33131 Miami, Fl 33156
5.	The name and address of the new registered agent and/or office:
	Harold L. Lewis
	Haber, Lewis, & Pathman, LLP
	One Biscayne Tower, Suite 3660
	2 S. Biscayne Boulevard
	Miami, FL 33131
6.	Such change(s) was/were authorized by the general partners.
	Naurelle L'haler, Quesodut 4-16-99
	KPMT, Corp., General Partner (Date)
com _i dutie docu	eby accept appointment as registered agent and agree to act in this capacity. I further agree to oly with the provisions of all statutes relative to the proper and complete performance of my as, and I am familiar with accept the obligations of my position as registered agent. Or, if this ment is being filed merely to reflect a change in the registered office address, I hereby confirm that imited partnership has been notified in writing of this change.
	[Signature of Registered Agent] [Date]

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