

A97000002594

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FISHER & SAULS, P.A.
Account Number : 076666001271
Phone : (727) 822-2033
Fax Number : (727) 822-1633

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TALLAHASSEE, FLORIDA

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mpolson@fishersauls.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
MAIWAL INVESTMENTS LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

C. LEWIS

DEC 16 2013

EXAMINER

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
OR BOTH FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP**

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. Name of the limited partnership or limited liability limited partnership: MAI WAL INVESTMENTS, LTD
2. Date of filing/registration in Florida: DECEMBER 2, 1997
3. Document number: A97000002594
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State:

Registered Agent: Maida Sklar

Registered Office Address: 288 Beach Drive NE, Apt. 8C
St. Petersburg, FL 33701
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Marilyn M. Polson

NEW Registered Office Address: 100 Second Avenue South, Suite 701
St. Petersburg, FL 33701

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

Carol Sklar
(Signature of General Partner)

Carol Sklar
(Printed name of signee)

Sandra Sklar
(Signature of General Partner)

Sandra Sklar
(Printed name of signee)

Jona Van Zyle
(Signature of General Partner)

Jona Van Zyle
(Printed name of signee)

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 to merely reflect a change in the registered office address, I hereby confirm that the limited partnership or limited liability limited partnership has been notified in writing of this change.

Marilyn M. Polson
(Signature of Registered Agent)

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AND
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TALLAHASSEE, FLORIDA

Division of Corporations, PO Box 6327 Tallahassee, FL 32314
FILING FEE: \$35.00

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