## 000002677 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Photocopy Certificate of State Mail out Will wait **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent ☐ Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** ☐ Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark

Other

CR2E031(7/97)

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.

	R.N.R. Investment Limited Partnership	
l	Name of the limited partnership	
2. 12/11/1997 Date of filing/registr	ration in Florida  3. A9700002677  Document numb	per assigned
4. The name of the regis Department of State:	stered agent and the registered office address as shown  CT Corporation System	on the records of the Florida
-	Name	
	1200 South Pine Island Road	
	Address	FE 2
	Plantation, FL 33324	
•	City, State and Zip	<u> </u>
5. The name and address of the new registered agent and/or office:		
	Incorp Services, Inc.	<del></del> ∵ ≥ ≥¥ 3~
13876 SW 56 Street, #258		
Florida street address (P.O. Box not acceptable)		
	Mlami FL 33175	
<del></del>	City, State and Zip	
6. Such change(s) was/were authorized by the general partners.		
Signature of General Partner	Steffen Dulpro	E. Waltz, President of - Florida, Inc. a General - Daviner - Daviner - Daviner agree to comply
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 with the provisions of all statutes relative to the project of my duties, and I am a registered agent. Or, if this document is being filed		
I hereby accept the appo- with the provisions of a familiar with and accept merely to reflect a chan been notified in writing o	ill statutes relative to the proper and complete perfolence the obligations of my position as registered agent. On the registered office address, I hereby confirm to	rmance of my aunes, and I am r if this document is being filed
( annita)	Kulin	
Signature of Registered Agen	ke checks payable to Florida Department of State a	and mail to:
Opivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
Filing Fee: \$35.00		

INHS04(9/98)