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"ECRETARY OF STATE
"IJJAHASSEF, FLORIDA

MAR 1 5 2016

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 10, 2016

Order#: 052820/002

Re: LEWIS FAMILY FT. LAUDERDALE PARTNERSHIP, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

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.

ı. LEWIS	FAMILY FT. LAUDER	DALE PAF	RTNERSH	IIP, LTD.	
Na	me of Limited Partnership or Lim	ited Liability Li	mited Partnersl	nip	
2.	1/17/1998	3.	A98000	002571	_
	registration in Florida		Florida docum	ent number	
4. The name of the re Department of State:	gistered agent and the registered of	office address as	shown on the	records of the Florida	
	NRAI Serv	ices, Inc.			
	Nan	ne			
	1200 South Pin	e Island Roa	<u>d</u>		
	Addr				
	Plantation, FL 333	24			
	City, State	and Zip		<u>~</u>	
5. The name and Flor	rida street address of the new regi	stered agent and	or office:		crease \$
	Corporation Ser	vice Compar	ny	55 E	Earth.
	Nan	ne		NASSE TITU	j Ime
	1201 Hay	s Street		<u> </u>	; ·
	Florida street address (P.	O. Box not accep	ptable)	inst w	_
	Tallahassee	FL	32301	용류 3	
	City, State		.	· >	
6. Such change(s) is	are effective when filed by the Flo	orida Departmen	t of State.		
Jardre	Lews				
Signature of General	Partner				
comply with the prove	ppointment as registered agent an isions of all statutes relative to the han accept the obligations of my ion Service Company	e proper and con	nplete perform	I further agree to ance of my duties,	
Signature of Register	<u> </u>	stant Vice Presid	ent		
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50