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(Re	questor's Name)	<del></del>			
(Ad	dress)				
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(Cit	y/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL.			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				





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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#: 052820/006

Re: LEWIS FAMILY PROPERTIES PARTNERSHIP, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

<u>XX</u> 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.

	tice or registered agent, o							
	FAMILY PROPER of Limited Partnership or Li							
2 11/1	7/1998	3.		A98000	002574			
Date of filing/registration in Florida						cument number		
4. The name of the regist Department of State:	ered agent and the registered	d office address	as sh	own on the	records of th	ne Florida		
	Ni Ni	RAI						
	Na	ame						
	1200 South Pi		oad					
		dress						
_	Plantation, FL 33							
	City, Sta	ite and Zip						
5. The name and Florida	street address of the new re	gistered agent a	nd/or	office:				
	Corporation Se	ervice Comp	any					
	N	ame						
	1201 Ha	ys Street						
44-	Florida street address (	P.O. Box not ac	cepta	ble)				
	Tallahassee	F	ïL	32301				
	City, Sta	ete and Zip						
6. Such change(s) is/are  Signature of General Part	effective when filed by the l	Florida D <del>e</del> partm –	ent o	f State.				
comply with the provision and I am familiar with an Corporation  By:   Noce The Kubi,	intment as registered agent on the statutes relative to the accept the obligations of many Service Company	the proper and c	compl	ete perform				
Signature of Registered	Agent Grace E. Kirby, Ass	sistant Vice Pre	sident	1		e Har		
Filing Fee:	\$35.00				\$ 50 m			
Certified Copy (opt	ional): \$52.50				OF ST	<del>ال</del> ىي		