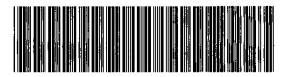
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SECRETARY OF STATE

J. BRYAN

MAY 17 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Manuel Tricano	ip or Limited Limited Partnership
DOCUMENT NUMBER: A99000	>000GC
The enclosed Statement of Change of Regifee(s) are submitted for filing.	stered Office and/or Registered Agent and
Please return all correspondence concernin	g this matter to:
Bachel Tolley Contact Person	——————————————————————————————————————
Firm/Company	MAY 16 PM 4: 28 CRETARY OF STATE LLAHASSEE, FLORIC
799 Borchell Plz, Ste 700 Address	PH 4:
Miami, FL 33131 City, State and Zip Code	TATE ORID
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this ma	tter, please call:
Rachel Tolley Name of Contact Person	at (305) 372.5100 Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	o the Florida Department of State.
STREET ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

Tallahassee, FL 32301

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.

The Manuel Torque Je Family Limited Partnership Name of Limited Partnership or Limited Liability Limited Partnership
Date of filing/registration in Florida 3. A9900000262 Florida document number
. The name of the registered agent and the registered office address as shown on the records of the Florida department of State:
Richard Kriwzman Name 1111 Brichall Ave, Ste 2915 Address Address
Migmi FL 33131 City, State and Zip
The name and Florida street address of the new registered agent and/or office: Jonathan H. Green Esq. Name Name
Florida street address (P.O. Box not acceptable) City, State and Zip
Such change(s) is/are effective when filed by the Florida Department of State. gnature of General Partner
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to amply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
gnature of Registered Agent

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50