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Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(C	orporation Name)	(Document #)		DIVISION OF THE CHARLES
(Corporation Name)		(Document #)		FILED FTARY OF NOF CORPC
7. (Ca	orporation Name)	(Document#)		FTATE ORATIONS
(C	orporation Name)	(Document #)		**************************************
Walk in Mail out	☐ Pick up time _ ☐ Will wait	Photocopy	Certified Copy Certificate of Statu	
NEW FILINGS		AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other		Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILIN	<u>GS</u>	REGISTRATION/Q	<u>UALIFICATION</u>	
Annual Rep Fictitious N		Foreign Limited Partners Reinstatement Trademark Other		
			Evaminer's Initials	

CR2E031(7/97)

## 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.

Coconut Properties, ctd.	<del></del>
Name of the limited partnership	
Date of filing/registration in Florida  3. A 9 9 00000377  Document number assigned	<del></del>
1. The name of the registered agent and the registered office address as shown on the records of Department of State:  Euro-American Consultins, Inc.  Name  UDOI Tamiami Trail North, #265  Address	of the Florida
Nadus, FL34103  City, State and Zip  5. The name and address of the new registered agent and/or office:	SEGN DO OC1
U.S. Investor Services, Inc.  Name  U.901 Tomiami Trail North  Florida street address (P.O. Box not acceptable)  Naples  FL 34103-3010  City, State and Zip	FILED STATE FOR CORPORATIONS
6. Such change(s) was/were authorized by the general partners.	
7	

Signature of General Partner

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

Signature of Registered Agent

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/98)