

A990000000722

Carlos Hondal  
525 Hardee Road  
Coral Gables, FL 33146

City/

TRAFFIC #

11/30

Office Use Only

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

1. A990000000722  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

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☐ Certified Copy

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☐ Will wait

☐ Photocopy

☐ Certificate of State

**NEW FILING**

- ☐ Pro.
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED  
01 NOV 30 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

1. M.D.H. PARTNERS, LTD.  
Name of the limited partnership

2. 5/05/1999 3. A99000000722  
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CARLOS HONDAL  
Name  
6480 S.W. 21 ST.  
Address  
MIAMI, FL 33155  
City, State and Zip

5. The name and address of the new registered agent and/or office:

CARLOS HONDAL (SAME AGENT)  
Name  
525 HARDEE RD.  
Florida street address (P.O. Box not acceptable)  
CORAL GABLES, FL 33146-3511  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Carlos Hondal, Officer CMC Corp - Gen'l Partner  
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.*

Carlos Hondal  
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**

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