1. Entity Name  IA FAMILY LIMITED PARTNERSHIP, LTD.					FUED	7\
A FAMIL! LIMITED FA	n inenonir, Liu.	2	er in		FILED	U
Principal Place of Business		Mailing Address		01 M	TAR 12 AN 10:43	
1960 NE 118TH ROAD		1960 NE 118TH ROAD		SECRI	ETARY OF STATE	
NORTH MIAMI FL 33181		NORTH MIAMI FL 33181	,	TALLA	HASSEE, FLORIDA	
·				·		
Principal Place of Business     3. Mailing Address						<b>     </b>
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		S SDACE	
		Jane, , pa ii, oto.			·	
City & State		City & State		4. FEI Number 65-0922794	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required.
6. Name an	d Address of Current	Registered Agent			7. Name and Address of New Registered	d Agent
AKOUKA, ISAAK 1960 NE 118TH ROAD				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
NORTH MIAMI FL 33181					:	
	•	•	City	F	Zip Code	
8. The above named entity of	ubmits this statement fo	r the purpose of changing	its register	ed office or regist	tered agent, or both, in the State of Florida.	<u> </u>
THE GENERAL HUMBER CHILLY SE						
THO GROVE HEATER CHILLY SI		and parpoon or emanging		_		
SIGNATURE	rinted name of registered agent i			ed Agent signature requi	ired when reinstating) DATE	<u> </u>
SIGNATURE Signature, typed or p	rinted name of registered agent i	and title if applicable. (N	OTE: Registere	ed Agent signature requi	11. MAKE CHECK PAYAB	LE TO DEPT. OF STATE
SIGNATURE Signature, typed or p	rinted name of registered agent (	and title if applicable. (N  10. Amount of Ca in FLORIDA to	OTE: Registere pital Contri o date.	ed Agent signature requi	11. MAKE CHECK PAYAB SEE REVERSE SIDE	LE TO DEPT. OF STATE FOR FEE INFORMATION
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SIGNATURE Signature, typed or positial Contributions with on record.  A'GE NOTE: G	rinted name of registered agent of \$1,000,000.00	and title if applicable. (N  10. Amount of Ca in FLORIDA to  HAT IS A BUSINESS I Y NOT be changed on	OTE: Registere pital Contrib date.  ENTITY M the form	od Agent signature requi butions IUST BE REGIS 1; an amendme	11. MAKE CHECK PAYAB SEE REVERSE SIDE STERED AND ACTIVE WITH THIS OFFICE	LE TO DEPT. OF STATE FOR FEE INFORMATION CE. artner.
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