

A99000001503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

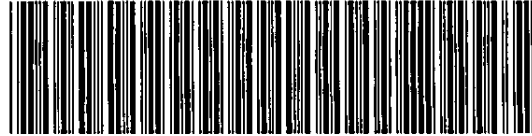
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quintero Family Partnership, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000001503

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lorraine Quintero
Contact Person

Quintero Family Partnership, LTD
Firm/Company

306 International Parkway Suite "A"
Address

Sunrise, FL 33325
City, State and Zip Code

Ldrivomannysseafood.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Lorraine Quintero at (954) 472-4008
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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.

1. Quintero Family Partnership, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/14/1999 3. A990000015D3
Date of filing/registration in Florida Florida document number

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

Quintero, Manuel
Name
7020 SW 22nd COURT
Address
Davie, FL 33317
City, State and Zip

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

Quintero, Manuel
Name
306 International Parkway Ste "A"
Florida street address (P.O. Box not acceptable)
Sunrise, FL 33325
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

-Paid ch#4926 QFP.

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