

AGG0000001540

LAW OFFICES OF
NELSON & LEVINE, P.A.
2775 Sunny Isles Boulevard, Suite 118
North Miami Beach, Florida 33160

600005503236--5
-05/10/02--01064--010
*****70.00 *****35.00

5/10

Office Use Only

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

1. AGG-1540 P/A change
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

MJH

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ 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
02 MAY 10 PM 2:31
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. The Alan H. Potamkin Family Limited Partnership
Name of the limited partnership
2. September 22, 1999
Date of filing/registration in Florida
3. A99000001540
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:

Barry A. Nelson, Esq.

Name

19495 Biscayne Blvd., Suite 609

Address

Aventura, FL 33180

City, State and Zip

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

Barry A. Nelson, Esq.

Name

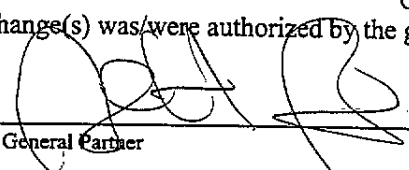
2775 Sunny Isles Blvd., Suite 118

Florida street address (P.O. Box not acceptable)

North Miami Beach FL 33160

City, State and Zip

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


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**

FILED
02 MAY 10 PM 2:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA