## A 99 00000 1828

(Req	uestor's Name)	
lbbA)	ress)	
	ress)	
(City/	State/Zip/Phone	<i>#</i> )
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	e)
(Doct	ument Number)	
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## 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. William Pointe Lin	nited Partnershi	p		
	N	ame of the limited partnership		
2, 11/8/99		3. A9900001828		
Date of filing/regist	ration in Florida	Document number assigned		
4. The name of the regis Department of State:		e registered office address as sho	wn on the recor	ds of the Florida
	6763 SW88th	Name Street	<del></del>	
		Address		
	Miami, FL 331	56		
		City, State and Zip		
<u></u>		Name /enue, Suite 201 : address (P.O. Box <u>not</u> acceptable)	<u> </u>	OS APR -1 A
Mi	ami, FL 33176	FL		S = S
6. Such change(s) was/v	vere authorized by	City, State and Zip the general partners.		AM 11:50 STATE STATE
Signature of General Partner	- Jahrens			
with the provisions of all familiar with and accept	ll statutes relative the obligations of t ge in the registered	ed agent and agree to act in this ca to the proper and complete perfo my position as registered agent. ( I office address, I hereby confirm	ormance of my Or. if this docum	duties, and I an nent is being filed

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