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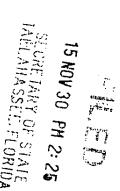
					
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	ty/State/Zip/Phon	o.#\			
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PICK-UP	WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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DEC 01 2015 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	JECT: LERIVA				
	Name of Limited Partn	ership or Lin	iited Liabi	ility Lim	ited Partnership
DOC	DOCUMENT NUMBER: A9900002053				
	nclosed Statement of Change of Fare submitted for filing.	Registered	Office a	nd/or R	egistered Agent and
Please	e return all correspondence conce	rning this r	natter to	:	
	Peter Betz			_	
	Contact Person				
	Lerivap Limited Partne	ership			
	Firm/Company			_	
	501 Goodlette Road N	, D100		_	
	Address				
	Naples, FL 34102				
	City, State and Zip Cod	le			
•	pbetz@argonai	r.com			
E	-mail address: (to be used for future ann	nual report no	tification)		
For fu	urther information concerning this	s matter, pl	ease call	:	
	Peter Betz	at (239)	430-7876
	Name of Contact Person			and Day	time Telephone Number
Enclo	sed is a \$35.00 check made payal	ble to the F	lorida D	epartm	ent of State.
STRI	EET ADDRESS:		MAII	LING A	ADDRESS:
	tration Section	Registration Section			
	ion of Corporations	Division of Corporations			
	n Building			Box 63	
	Executive Center Circle		Talla	nassee,	FL 32314
ranat	nassee, FL 32301				

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	LERIVAP LIMITE			
Name	of Limited Partnership or Lim	ited Liability Lin	nited Partnership	
2. 12	/8/1999	3	A9900000	2053
Date of filing/re	gistration in Florida		Florida document	t number
4. The name of the regis Department of State:	tered agent and the registered of	office address as	shown on the rec	ords of the Florida
	Linda l	_evin		
	Nam	ne		
_	4968 Tamia	mi Trail N		
	Addre	ess		
	Naples, F	L 34103		=
-	City, State	and Zip		55
5. The name and Florida	street address of the new regis	stered agent and/	or office:	15 NOV 30 ECRETARY
	Linda L	.evin		30 (4) (5)
	Nam	ne		PH PH
	501 Goodlette F	Road N. D100)	TS 42
	Florida street address (P.			2: 2 SIAI
	Naples	FL	34102	D _F •
_	City, State			
6. Such change(s) is/are	effective when filed by the Flo	orida Department	of State.	
By: Lerivap Inc., G	·	Sinda		ident
Signature of General Par	tner		,	
comply with the provision	intment as registered agent anns of all statutes relative to the naccept the obligations of my formal Agent	proper and com	plete performanc	
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50