## **GRACE VENTURE PARTNERS** SunTrust Center, Suite 1850 200 South Orange Ave., Orlando, FL 32801 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Will wait ☐ Mail out Photocopy ☐ Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Name Limited Liability Avallahi 🖺 Domestication Dissolution/Withdrawal Merger Other ពី០០ម ។ **ខ្**ការ Examiner **REGISTRATION/QUALIFICATION** Undater Annual Report ☐ Foreign Hodater Fictitious Name Limited Partnership \erifyer ☐ Reinstatement

Trademark

**Examiner's Initials** 

Other

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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.

Grace Venture Partners, L.P.
Name of the limited partnership
2. 3303000 3. B00000000000000000000000000
4. The name of the registered agent and the registered office address as shown on the records of the Florida  Department of State:   The state of the registered agent and the registered office address as shown on the records of the Florida  Department of State:   The state of the registered agent and the registered office address as shown on the records of the Florida  Department of State:   The state of the Florida of the
5. The name and address of the new registered agent and/or office:  Edward P. Grace III  Name  ADD South Drange Avenue, Suite (850)  Florida street address (P.O. Box not acceptable)  City, State and Zip
6. Such change(s) was/were authorized by the general partners.  Color of Managery Mender for Grove Egypt Portners, LLC, SP  Signature of General Partner  The Grave Verytera Portner, LP  The state 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

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