

#B0200000000/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

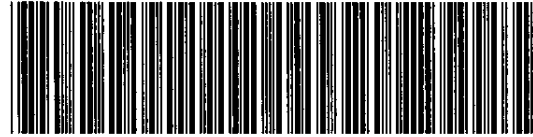
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

JAN - 2 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Los Atrevidos Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B02000000016

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:

Warren Thompson
Contact Person
Los Atrevidos Limited Partnership
Firm/Company
P.O. Box 236
Address
Santa Fe, NM 87504
City, State and Zip Code
warrenthompson@mac.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Warren Thompson at (505) 474-4870
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. Los Atrevidos Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 2002
Date of filing/registration in Florida

3. B02000000016
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:

A1A Registered Agent, Inc.
Name
5647 110th Ave. North
Address
Royal Palm Beach, FL 33411
City, State and Zip

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

Northwest Registered Agent LLC
Name
3030 N. Rocky Point Dr. STE 150A
Florida street address (P.O. Box not acceptable)
Tampa FL 33607
City, State and Zip

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

[Signature]
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] Dan Keen-Manager
Signature of Registered Agent

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

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