

B020000000429

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OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT 11 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA + OMEGA GLOBAL RISK MANAGEMENT, LP
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: 302000000429

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. RUSSELL HASAN
(Name of Person)

ALPHA + OMEGA GLOBAL RISK MANAGEMENT, LP
(Firm/Company)

319 CLEMATIS ST., STE. 408A
(Address)

WEST PALM BEACH, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

GAIL FLANNISAN at (561) 655-2002
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee ☐ \$61.25 Filing Fee & Certificate of Status ☒ \$105.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$113.75 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 27, 2004

G. RUSSELL HAGAN
ALPHA & OMEGA GLOBAL RISK MANAGEMENT, LP
319 CLEMATIS ST., STE. 408A
WEST PALM BEACH, FL 33401

SUBJECT: ALPHA & OMEGA GLOBAL RISK MANAGEMENT, LP
Ref. Number: B02000000429

We have received your document for ALPHA & OMEGA GLOBAL RISK MANAGEMENT, LP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 204A00056493

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TALLAHASSEE, FLORIDA

**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. ALPHA + OMEGA GLOBAL RISK MANAGEMENT, LP
Name of the limited partnership

2. 12/23/2002 3. B02000000429
Date of filing registration in Florida 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:

IGLER + DOUGHERTY, P.A.
Name
1501 PARK AVE EAST
Address
TALLAHASSEE, FL 32301
City, State and Zip

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TALLAHASSEE, FLORIDA

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

J. ANDREW FINE / C/O NORVELL + FINE
Name
319 CLEMATIS STREET SUITE 217
Florida street address (P.O. Box not acceptable)
WEST PALM BEACH, FL 33401
City, State and Zip

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

[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. 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]
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