B0600000212

(Re	equestor's Name)	, ,,,, ,			
(Ad	ldress)				
(Ad	Idress)				
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



02/10/14--01054--003 **35.00



CSC - WILMINGTON .
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 6, 2014

Order#: 955227-167

Re: LEVY R & H LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	LEVY R & H LIMITED PARTNERSHIP					
Nai	me of Limited Partnership or Limite	d Liability Li	mited Partners	ship		
2. 05	5/16/2006	3.	B06000	0000212		
Date of filing	/registration in Florida		Florida docur	nent number		
4. The name of the re Department of State:	gistered agent and the registered off	ice address as	shown on the	records of the Florida		
	C T Corporation	n System				
	Name					
1200 South Pine Island Road						
	Address	3				
	Plantation	FL	33324			
City, State and Zip						
5. The name and Flor	ida street address of the new register	red agent and	or office:			
	Corporation Servic	e Compan	ıy	E	EIDI FEB	
	Name					
	1201 Hays Street					
	Florida street address (P.O. Box not acceptable)				- 6 I	
	Tallahassee	FL	32301	: 도 프	⊋ :	
	City, State an	d Zip		97	61:4	
1726	re effective when filed by the Florid	la Departmen	t of State.		9	
Signature of General F	Partner Dona Priebe, VP on behalf of Levy GP Corporation the General Pa	artner				
comply with the provis	pointment as registered agent and a sions of all statutes relative to the pr an accept the obligations of my pos on Service Company d Agent Grace E. Krby, Asst VP	oper and com	iplete perform			

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00