

B090000000122

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000257175 3)))



H110002571753ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CTROCOMPLY
Account Number : I20100000053
Phone : (608) 827-5300
Fax Number : (608) 827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ejournet@olympiancapital.com

**REGISTERED AGENT CHANGE
OLYMPIAN L/S EQUITY FUND, LP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
11 OCT 27 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 OCT 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

fax audit # H110002571753

**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. Olympian L/S Equity Fund, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 9/1/2009 3. B09000000122
Date of filing/registration in Florida 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:

CORPORATE CREATIONS NETWORK INC

Name

11380 PROSPERITY FARMS ROAD #221E

Address

PALM BEACH GARDENS FL 33410

City, State and Zip

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

C T Corporation System

Name

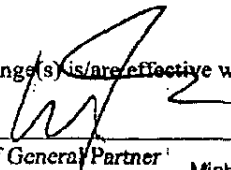
1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation FL 33324

City, State and Zip

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


Signature of General Partner

Michael J Levas, Manager of Olympian Asset Management, LLC, 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 of Registered Agent

Mark Williams, A.V.P., C T Corporation System

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

fax audit # H110002571753

FILED
2011 OCT 27 AM 9:57
TALLAHASSEE, FLORIDA