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ALLAHASSEE, FLORIDA

D. BRUCE
DEC 23 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2010

LEEANN LABANZ METIS MANAGEMENT, LLC 4600 MILITARY TRAIL, SUITE 222 JUPITER, FL 33458

SUBJECT: UNITRUST, L.P. Ref. Number: B100000000030

We have received your document for UNITRUST, L.P. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

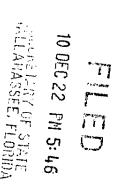
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 210A00029024



COVER LETTER

TO: Registration Section Division of Corporatio	ns	
SUBJECT:	UNITRUST, L.P. nited Partnership or Limited Liability Limited Partnership	
	0.00000000	
DOCUMENT NUMBER:	0 (0000000000	
The enclosed Statement of Chafee(s) are submitted for filing.	ange of Registered Office and/or Registered Agent and	
Please return all corresponden	ce concerning this matter to:	
<u>LeeAnne</u> La	Banz	
Contact As a b c As a second	Person	
Firm/Co	mount LCC	
4600 Milit	Banz Person ement LLC Papany Tri, Ste 222 Ress R	
	Tri Ste 222 Toss	
City, State an	d Zip Code	
E-mail address: (to be used for	future annual report notification)	
For further information concer		
_ LeeAnne Lab	at (561) 296 · 7000 × 202 Area Code and Daytime Telephone Number	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check ma	de payable to the Florida Department of State.	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Clifton Building	vision of Corporations from Building Division of Corporations P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

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.

UNITRUST, I.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2/16/2010 Date of filing/registration in Florida 3. B1000000030 Florida document number
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:
CT Corporation System
1200 South Pine Island Rd. Address
Plantation FL 33324 City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:
LeeAnne LaBanz Go Mehis Mynt, LLC
Name
Florida street address (P.O. Box not acceptable)
Tupiter FL 33458 City, State and Zip
5. Such change(s) is/are effective when filed by the Florida Department of State.
Auhani Lubanz
Signature of General Partner
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,
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 duites, and Lam familiar with an accept the obligations of my position as registered agent.
Filing Fee: \$35.00
59 5 5
Filing Fee: \$35.00
Certified Copy (optional): \$52.50