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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(0-		
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Certified Copies	_ Certificates	s of Status
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G. MCLEOD

JUL 26 2010

EXAMINER



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500183436115 07/22/10--01039--021 **325.00

10 JUL 22 AM 10: 49

COVER LETTER

TO:	Registration of	on Section of Corporations			
SUBJ	ECT:	ABLA BO			
		Name of Limited Partne	ership or Limi	ted Liabilit	y Limited Partnership
DOC	UMENT N	U MBER:	В	100000	000056
		ement of Change of R ed for filing.	egistered C	Office and	/or Registered Agent and
Please	e return all c	orrespondence concer	ning this m	atter to:	
		MICHAEL LAPAT	•		
		Contact Person			
	LAW O	FFICES OF MICHAI	EL LAPAT	•	
		Firm/Company			•
	3300 UN	IVERESITY DRIVE,	SUITE 31	11	
		Address			•
	co	RAL SPRINGS FL 3	33065		
		City, State and Zip Code			•
	iu	lieh@turnkeyhedge	funds.com	1	
E	-mail address:	(to be used for future annu	ual report not	ification)	
For fi	ırther inforn	nation concerning this	matter, ple	ase call:	
	JULI	E HANCOCK	at (954	345-6442
	Name of Co	ontact Person	Aı	ea Code an	d Daytime Telephone Number
Enclo	sed is a \$35	.00 check made payab	le to the Fl	orida De _l	partment of State.
STRI	EET ADDR	ESS:		MAIL	ING ADDRESS:
Regis	tration Secti	on		Registr	ation Section
	ion of Corpo	orations			n of Corporations
	n Building				ox 6327
		enter Circle		Tallaha	ssee, FL 32314
Tallal	hassee, FL 3	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.

1	ABLA BOND FUND	PARTNE	RS, L.P.		
Na	me of Limited Partnership or Limit	ted Liability L	imited Partnership		
2	03-23-10	3	B100000000		
Date of filing	z/registration in Florida		Florida document nu	mber	
4. The name of the re Department of State:	egistered agent and the registered of	ffice address a	s shown on the records	s of the Florida	
	JOSE RI				
	Name	;			
	990 BISCAYNE BL		503		
	Addres	SS			
	MIAMI FL	33132			
	City, State a	ınd Zip		=	
5. The name and Flor	rida street address of the new regist	ered agent and	l/or office:	10 JU	{
	PAZ SAN	CHEZ		JUL 22 REJAIN AHASSI	i i i i i i i i i i i i i i i i i i i
	Name	•		\$5 \cdot \cd	i
	1001 BRICKELL BA	Y DRIVE #	1812	M A	1-1-1
	Florida street address (P.O	. Box not acce	ptable)	A H 10:	
	MIAMI	FL.	33131	5	
	City, State a	ınd Zip		•	
6. Such change(s) is/	are effective when filed by the Flor	ida Departmer	nt of State.		
-	to be	·			
Signature of General	Partner PAZ SANCHEZ, MAN ABLA BOND MANAGE			IR,	
comply with the provi and I am familiar wit	opointment as registered agent and isions of all statutes relative to the ph an accept the abligations of my p	agree to act in proper and co	n this capacity. I furth mplete performance of		
Signature of Register	ed Agent PAZ SANCHEZ				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50

PAGE 1

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALBA BOND FUND PARTNERS, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF JULY, A.D. 2010.

4800745 8300

100752677

AUTHENTICATION: 8120327

DATE: 07-19-10