

B10000000115

Florida Department of State
Division of Corporations
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L. SELLERS
SEP 27 2011
EXAMINER

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

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

Email Address: _____

REGISTERED AGENT CHANGE
GALBRAITH SYSTEMATIC ARBITRAGE FUND, LP

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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TALLAHASSEE, FLORIDA

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Help

11 SEP 26 AM 9:46

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**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. GALBRAITH SYSTEMATIC ARBITRAGE FUND, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/06/2010

Date of filing/registration in Florida

3. B10000000115

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:

Shannon, William

Name

100 Main Street, Suite 202

Address

Safety Harbor, FL 34695

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State and Zip

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

[Signature]
Signature of General Partner

Gallbraith Capital, L.L.C., G.P.

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.

Corporation Service Company

By: [Signature]

Signature of Registered Agent Sylvia Queppel, Asst. VP

Filing Fee: \$35.00

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