

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.

(((H23000340586 3)))



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 : DUANE MORRIS LLP

Account Number : I19990000059

Phone : (305)960-2217 Fax Number : (305)397-2683

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

slrplastic@aol.com Email Address:

## REGISTERED AGENT CHANGE THE CINELLI FAMILY LIMITED PARTNERSHIP

AH 9: 46	OF STATE (PORATIONS E. FLORIDA
28 AH	
-	11111

Certified Copy Page Count Estimated Charge

Certificate of Status 02

Eiling in conjunction with Fax Audit No. H23000340582 - LP Amendment

Electronic Filing Menu Corporate Filing Menu

Help

2E5 5 8 5053

XUE" "IJ IT

To:

?

H23000340586 .

## 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. THE CINEI	LI FAMILY LIMITEI	) PARTNEI	RSHIP	
N	ame of Limited Partnership or Lim	ited Liability Lim	ited Partnership	
2.02-20-2012		3. B12000000042		
Date of filing/registration in Florida			Florida document number	
4. The name of the re Department of State:	egistered agent and the registered (	office address as si	hown on the records of the Flori	ida
	SELZER, JEFFREY S	SESQ		
	Nam	e		_
	2550 NE 15TH AVE			
	Addre	:SS	· · · · · · · · · · · · · · · · · · ·	- 3
	WILTON MANORS,	FL 33305		78. :
	City, State	and Zip		
5. The name and Flo	rida street address of the new regis	tered agent and/o:	office:	700
	WILLIAM GLAZER		•	Ö
	Nam	c	•	57
	601 NE 17TH WAY			
	Florida street address (P.C	). Box not accepte	ble)	
	FORT LAUDERDAL	E <sub>FL</sub> 3.	3304	
	City, State		<del></del>	
6. Such change(s) is/	are effective when filed by the Flo	rida Department o	f State.	
1/12				
Signature of General	,		Cinelli, M.D.	
I horahy account the m	Revocable Trust, Gei oppointment as registered agent and		is carreity. I that has across to	
	isions of all statutes relative to the			
	h an accept the obligations of my p			
( - / ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	rd Agent William Glazer			
mgmature of Register	te Ageix William Glazer			
Filing Fee:	\$35.00			
Certified Copy (				