B1200000109

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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TALLANASSEE, FLORIDA

S. WARREN 0CT 0 2 2017

COVER LETTER

TO:	Registration Section Division of Corporations						
en d	•	Jalland Pr	opertie	e I D			
SUBJECT: Dalland Properties, LP Name of Limited Partnership or Limited Liability Limited Partnership							
DOC	UMENT NUMBER:	B1200000109					
	nclosed Statement of Change of are submitted for filing.	Registered (Office and	d/or Registered Agent and			
Please	e return all correspondence conce	erning this m	atter to:				
	Jason Zielinski			_			
	Contact Person						
	ZIELINSKI & ASSOCIA	TES PA		_			
	Firm/Company						
	800 E Broward Blvd St	uite 702					
	Address			-			
	Fort Lauderdale, FL 3	33301					
	City. State and Zip Coo	de		-			
	jzielinski@zielinski-as	sociates.co	m				
E	-mail address: (to be used for future an						
For fu	urther information concerning thi	s matter, ple	ase call:				
	Jason Zielinski	at (954	524-6131			
	Name of Contact Person			nd Daytime Telephone Number			
Enclo:	sed is a \$35.00 check made paya	ible to the Flo	orida De _l	partment of State.			
STRE	EET ADDRESS:		MAIL	ING ADDRESS:			
Registration Section			Registration Section				
	on of Corporations		Division of Corporations				
	in Building P. O. Box 6327						
	Executive Center Circle		Tallaha	issee, FL 32314			
Tallah	nassee, 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.

l	Dalland Pro	perties, Ll	D	_		
Nai	me of Limited Partnership or Lim	ited Liability L	imited Partner	ship		
2 Ma	ay 30, 2012	3.	B1200	0000109		
Date of filing/registration in Florida		· 	3. B1200000109 Florida document number			
4. The name of the rep Department of State:	gistered agent and the registered c	office address a	s shown on the	e records of the Florida		
	NRAI Serv	ices Inc.	_			
	Nam	e ·		-		
	3200 NW 8	34th Ave		-		
	Addre	SS				
	_					
	City, State	and Zip				
5. The name and Flori	ida street address of the new regis	tered agent and	/or office:	国籍 7		
	Jason Zielir	iski Esq.		SER		
	Nam	c		20		
	800 E Broward Blvd Suite 702					
	Florida street address (P.C). Box not acce	ptable)			
	Fort Lauderdale	FL.	33301	29 PM 2: 05 PLASSEE, FLORID		
	City, State	and Zip		\$m •		
6. Such ohange(s) is/a	re effective when filed by the Flo	rida Departmen	of State.			
Signature of General P	artner					
comply with the provis	pointment as registered agent and ions of all statutes relative to the an accept the obligations of my p	proper and con	uplete perform	. I further agree to nance of my duties,		
Signature of Registere	J-Machi					
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50