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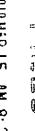
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: ACOPIAN E	BUILDINGS, LP					
Name of Limited Partnership or Li	mited Liability Limited Partnership					
DOCUMENT NUMBER: B 13 000 000 018						
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Office and/or Registered Agent and					
Please return all correspondence concerning this	matter to:					
Kris Fendrock	-					
Contact Person						
Myers Brier & Kelly LLP						
Firm/Company						
425 Spruce St, Ste 200						
Address						
Scranton, PA 18503						
City, State and Zip Code						
ga@acopian.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, p	lease call:					
GREGORY ACOPIAN at (312) 727-1172					
	Area Code and Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the I	Florida Department of State.					
STREET ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations Clifton 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.

1.	ACOPIAN BU	JILDINGS,	LP		
	Name of Limited Partnership or Lim	ited Liability L	imited Partnersh	ip	
2.	1/16/2013	3.	🥞 B130000	000018	
Date of	Date of filing/registration in Florida		Florida docume	nt number	
4. The name of Department of S	the registered agent and the registered (tate:	office address a	s shown on the re	ecords of the Flo	orida
	W. Bradley M	lunroe, Esq			
	Nan	ne			
	239 E. Virgi	nia Street			
	Addr	ess		<i>9</i> 0 ≥	ૂ
	Tallahassee	, FL 32301			<u>-</u>
	City, State	and Zip		TIAK	
5. The name and	d Florida street address of the new regis	stered agent and	i. 👣 ffice:		- - 1
	Gregory A	copian			:
	Nan	ie	_	- Ε _Ε Ε - Θ	, 1
	2001 W. NA	ASA Blvd		<u> </u>))
	Florida street address (P.0	O. Box not acce	ptable)		
	Melbourne	FL	32904		
	City, State				
6 Such changet	s) is/are effective when filed by the Flo	orida Denartmer	nt of State		
M. A		·			
Signature of Gen	eral Partner Monday	enent CC	C		
			&		
	he appointment as registered agent and provisions of all statutes relative to the				
	r with an accept the obligations of my p			ice of my aunes,	
Signal Superior	unered Agent				
Signature of Reg	merca Agent				
Filing Fee:	\$35.00				
	ov (optional): \$52.50				