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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificate	s of Status		
Special Instructions to	Eiling Officer			
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Office Use Only



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: August 8, 2014

Order#: 232867-007

Re: MUHLEN SOHN INDUSTRIES, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	MUHLEN SOHN I	NDUSTRI	ES, LP		
Na	me of Limited Partnership or Lim	nited Liability Li	mited Partnership)	
2. 05	05/21/2013		B13000000166		
Date of filing/registration in Florida			Florida document number		
4. The name of the re Department of State:	gistered agent and the registered	office address as	shown on the re	cords of the Florida	
	C T CORPORAT	TON SYSTE	M		
	Nan	ne			
	1200 SOUTH PINE	EISLAND RO	DAD		
	Addr	ress		77	
	PLANTATION	FL	33324		
	City, State	and Zip			
5. The name and Flor	ida street address of the new regi	stered agent and	or office:		
	Corporation Serv	vice Compar	ıy		
	Nan	ne		့ ယူ	
	1201 Hays	s Street		: -	
	Florida street address (P.	O. Box not acce	ptable)		
	Tallahassee	FL	32301		
	City, State				
6. Such change(s) is/a	are effective when filed by the Flo	orida Departmen	t of State.		
0262	~				
Signature of General I	Partner Dona Priebe, Vice Preside	ent on behalf of l	Muhlen Sohn Inc.	., its gp	
I hereby accept the ap comply with the provi- and I am familiar with	pointment as registered agent an sions of all statutes relative to the an accept the obligations of my on Service Company	d agree 10 act in proper and con position as regis	this capacity. 1 j uplete performan	further agree to	
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50				