

**135 00000251**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : 120070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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

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SECRETARY OF STATE  
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**REGISTERED AGENT CHANGE  
PORCUPINE MULTIFIRE LP**

Certificate of Status	0
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Page Count	02
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S. YOUNG

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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. PORCUPINE MULTIFIRE LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/21/2015 3. B15000000251  
Date of filing/registration in Florida 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:

SUPERBIZ REGISTERED AGENT, INC.  
Name  
2761 VISTA PKWY WEST PALM BEACH, FL 33411 UNIT E4  
Address  
WEST PALM BEACH, FL 33411  
City, State and Zip

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

SUPERBIZ REGISTERED AGENT, INC.  
Name  
2761 VISTA PKWY UNIT E4  
Florida street address (P.O. Box not acceptable)  
WEST PALM BEACH FL 33411  
City, State and Zip

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

[Signature]  
Signature of General Partner

*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.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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