B1700000115

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300318816073

10/01/18--01027--025 ★★35.00

2011 OCT -1 AM II: 37

OCT O (1 2018

COVER LETTER

TO: Registration Section Division of Corporations	
	ESTMENT LIMITED PARTNERSHIP nership or Limited Liability Limited Partnership
DOCUMENT NUMBER:	B17000000115
The enclosed Statement of Change of I fee(s) are submitted for filing.	Registered Office and/or Registered Agent and
Please return all correspondence conce	erning this matter to:
Nikita Basdeo	<u> </u>
Contact Person	
Ganot Capital LL	C
Firm/Company	
4601 Sheridan Street, S	Suite 600
Address	
Hollywood, FL 330	021
City. State and Zip Coc	le
nikitab@ganotcap	pital.com
E-mail address: (to be used for future and	nual report notification)
For further information concerning this	s matter, please call: at (954) 985-2400 555 1
Nikita Basdeo	at (954) 985-2400 📆 🕹 🏲
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made paya	Area Code and Daytime Telephone Nuntiber ble to the Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	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.

·	RMAN INVESTMEN			
Nai	me of Limited Partnership or L	limited Liability Lir	nited Partnership	
- ·	3/27/2017	3	B1700000115 Florida document number	
Date of filing	/registration in Florida		Florida document number	
4. The name of the rep Department of State:	gistered agent and the registere	ed office address as	shown on the records of the Florid	
	CT Corpor	ation System		
		ame		
	1200 South P	ine Island Roa	d	
	Ad	ldress		
Plantation, FL 33324				
City, State and Zip				
5. The name and Flor	ida street address of the new re	egistered agent and/	or office:	
	Mark Migdal & Hay	yden Attn: Etan	i Mark 第4	
	N	ame	-13 -1. · · · · · · · · · · · · · · · · · · ·	
	80 SW 8th Str	reet, Suite 1999	9 9	
	Florida street address (P.O. Box not accep	itable) Çr	
	Miami	FL	33130	
	City, Sta	FL_ ate and Zip		
6. Such change(s) is/a	are effective when filed by the	Florida Department	of State.	
Harvey 1	// //	•		
Signature of General I	Portner	_		
- ,				
			this capacity. I further agree to plete performance of my duties.	
	rym accept the obligations of n			
Signature of Registere	ed Agent	-		
Filing Fee:	\$35.00			
Certified Copy (o	optional): \$52.50			