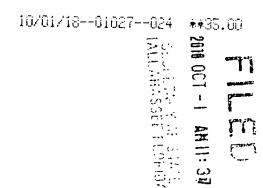
## B17000000116

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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations				
	STMENT LIMITED PARTNERSHIP II ership or Limited Liability Limited Partnership			
DOCUMENT NUMBER:	B17000000116			
The enclosed Statement of Change of R fee(s) are submitted for filing.	Registered Office and/or Registered Agent and			
Please return all correspondence concer	ming this matter to:			
Nikita Basdeo				
Contact Person				
Ganot Capital LLC	2			
Firm/Company				
4601 Sheridan Street, St	uite 600			
Address	<del></del>			
Hollywood, FL 330	21			
City, State and Zip Code	<u> </u>			
nikitab@ganotcap	ital.com			
E-mail address: (to be used for future ann				
For further information concerning this	matter, please call:  at ( 954 ) 985-2400 公立 上			
Nikita Basdeo	at ( 954 ) 985-2400			
Name of Contact Person	Area Code and Dautime Telephone Number:			
Enclosed is a \$35.00 check made payat				
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.

ı. K <u>LU</u> f	RMAN INVESTMENT I	IMITED	PARTNERSHIP	⊃
N	ame of Limited Partnership or Lim	ited Liability	Limited Partnership	
2. 03/27/2017  Date of filing/registration in Florida		3	3. B1700000116	
		3. B1700000116  Florida document number		
4. The name of the r Department of State:	egistered agent and the registered of	office address	as shown on the record	s of the Florid
	CT Corporati	on System		
	Nan	ie		
	1200 South Pin	e Island Ro	oad	
	Addr	ess		
Plantation, FL 33324				<u> </u>
	City, State	and Zip		ر سا تحر
5. The name and Flo	orida street address of the new regi	stered agent ar	id/or office:	### 
	Mark Migdal & Hayde	en Attn: Eta	an Mark	(7: 2 []]
	Nan	ıe		·**
	80 SW 8th Stree	et, Suite 19	99	<u>, 1</u>
	Florida street address (P.)	O. Box not acc	ceptable)	Ę
	Miami	F	<sub>L</sub> 33130	
	City, State	and Zip		
6. Such change(s) is	/are effective when filed by the Flo	orida Departm	ent of State.	
Signature of General	Partner			
comply with the prov	appointment as registered agent an visions of all statutes relative to the th antaccept the obligations of my red Agent	proper and c	omplete performance of	
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50