B18000000007

(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



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2019 FEB -5 PM 3: 27



CSC - WILMINGTON
251 Little Falls Drive
Wilmington • De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel O'hayer rachel.ohayer@cscglobal.com

Date: February 1, 2019

Order#: 610772-025

Re: EQUAL ACCESS JUSTICE FUND 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: Rachel O'hayer

c/o Corporation Service Company

251 Little Falls Drive 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	EQUAL ACCESS	JUSTICE	FUN	DLP		
Na	me of Limited Partnership or Li	mited Liability	Limited	d Partners	hip	
2.	01/11/2018			B18000000007		
Date of filing/registration in Florida			Florida document number			
4. The name of the re Department of State:	gistered agent and the registered	l office address	s as shov	wn on the	records of the Florida	
	BLANK, BE	NJAMIN E				
	Na	me				
	777 SOUTH FLAGLER	R DR. STE	800 V	VEST		
	Add	ress			0.3	
	WEST PALM BEA	CH FI	L :	33401		
	City, Stat	e and Zip			7	
5. The name and Flor	rida street address of the new reg	istered agent a	ınd/or of	fice:	ENSET TABLE	
	Corporation Se	rvice Comp	any		ह्या ह्या	
	Na	me				
	1201 Hay	s Street				
	Florida street address (P		ceptable	=)		
	Tallahassee	F	n. 3	32301		
	City, State		٠,			
6. Such change(s) is/a	are effective when filed by the F	lorida Departm	nent of S	tate.		
I hereby accept the ap comply with the provi. and I am familiar with Corporati By: Signature of Registere	Manager of BEB Partners LL spointment as registered agent as sions of all statutes relative to the an accept the obligations of my on Service Company	nd agree to act e proper and c	in this e complete	capacity. performa		
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50					