## Barrise rechology Partners, L.P.

1001 BRICKELL BAY DRIVE 30th FLOOR MIAMI, FLORIDA 33131

City/State/Zip

Phone #

700002941137--1 -07/26/99--01091--011 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

(Corp			oration (vaine)	(Docu	ument #)		
	2(Co	orpo	oration Name)	(Document #)			
	3.						
•			oration Name)	(Document #)		-	
	4(C	rpo	oration Name)	(Docu	ment #)		
	☐ Walk in		Pick up time		Certified Copy		
	Mail out		Will wait	Photocopy	Certificate of Statu	ıs	
	NEW FILINGS		AMEND	MENTS			
	Profit		Amendment				
	NonProfit		Resignation	of R.A., Officer/Director	- Lag		
	Limited Liability		Change of R	egistered Agent		<u> </u>	
	Domestication		Dissolution/	Withdrawal	300	ر ہست	
	Other		Merger			2	
	Conference of Conference of Statement	1	- Grant to DESS! — non-senius Schreitest, Australia	Columnia de Colore de Calenterres		2-	
	OTHER FILINGS		The second secon	TRATION/		_	
	Annual Report			IFICATION		_	
	Fictitious Name		Foreign			7-	

Limited Partnership

Reinstatement
Trademark

Other

Asdrament
Perifyer

Name Reservation

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MILLER TECHNOLOG	Y MANAGEMENT, L.P.								
	Name of the limited partnership			_					
2. May 12, 1999 Date of filing/regists			<del></del>						
4. The name of the regis Department of State:	stered agent and the registered office address as shown on the records of the Florida								
Dopartment of State.	C T Corporation System								
	Name								
	1200 South Pine Island Road								
	Address								
-	Plantation, FL 33324 City, State and Zip	÷ · ,	SECRET SECRET	90 <u>III</u>	20 To 10 To				
5. The name and address of the new registered agent and/or office:									
			П						
			љ. Л						
			3	=					
	Miami FL 33131								
6. Such change(s) was/w	City, State and Zip vere authorized by the general partners.			•					
Ey: ZD-D	2. Mill								
Signature of General Partner									
with the provisions of al familiar with and accept	ntment as registered agent and agree to act in this capacity. I statutes relative to the proper and complete performance the obligations of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the this change.	of my o	duties, and ent is bein	l I am o filed					

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agent Formund R. Miller