## 1100000114404

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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J. BRYAN

SEP 1 3 2012

**EXAMINER** 

## COVER LETTER

Division of Cor			
SUBJECT:	GHI	EMA PARTNERS LLC	
	Name of	Limited Liability Company	
Dear Sir or Madam:			
The enclosed Registere	ed Agent/Registered	Office Change and fee(s) are submitted for fi	iling.
Please return all corres	pondence concerning	g this matter to the following:	
	IQUE KNOTSCHK Name of Person	<u>E</u>	SELLEN.
	Firm/Company		2 SEP 12 PM 12: 48
1900 GI	_ADES RD. STE 3	53	2: 48
	Addices		
	TON, FLORIDA 33 /State and Zip Code	3431	
HENRY E-mail address: (to be u	KNO@GMAIL.CO sed for future annual report	notification)	
For further information	n concerning this ma	tter, please call:	
HENRIQUE I	KNOTSCHKE Person	at ( 561 ) 7167816  Area Code & Daytime Telephone Num	ber
STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, Flo	oorations Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a	check for the follow	ing amount:	
\$25 Filing F	`ee	\$55 Filing Fee & Certified Cop	у

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	GHEMA PARTNERS LLC			
2. (a) Principal office address of limited liability company	y: 1900 GLADES RD. STE 353			
(Note: MUST BE STREET ADDRESS)	BOCA RATON, FL 33431			
(b) Mailing address of limited liability company:	1900 GLADES RD. STE 353			
(Note: MAY BE POST OFFICE BOX)	BOCA RATON, FL 33431			
11/03/2010	L10000114404			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	ENRIQUE V. URDANETA			
Registered Office Address:	1900 GLADES RD. STE 353 BOCA RATON, FL 33431			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent:	W Registered Office address: HENRIQUE KNOTSCHKE			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  NEW Registered Agent:  HENRIQUE KNOTSCHKE				
<b>NEW</b> Registered Office Address:	1900 GLADES RD. STE 353			
(MUST BE FLORIDA STREET ADDRESS)	BOCA RATON ,FL 33431			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
HENRIQUE KNOTSCHKE  Printed or typed name of signee				
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 dates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, whereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

**FILING FEE: \$25.00** 

INHS18 (05/08)