(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:			
A. LUNT			
JUN 21 2011			
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MR JUN 20 PN 1: 81

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		Bonefish Partners, LLC
	Name	of Limited Liability Company
Dear	Sir or Madam:	
The e	nclosed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerr	\$5.5 \$2.5 \$2.5 \$2.5 \$2.5 \$2.5 \$2.5 \$2.5
	Maria T. Fundora	- 12
	Name of Person	
	Bonefish Partners, LL	С
	Firm/Company	<u> </u>
	3390 Mary Street, Suite Address	200
	Coconut Grove, FL 33 City/State and Zip Code	133
E	m.fundora@swerdlow.d-mail address: (to be used for future annual re	com port notification)
For fu	orther information concerning this r	natter, please call:
	Maria T. Fundora Name of Person	at (305) 442-6530 Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the follo	owing amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

Name of the limited liability company:	Bonefish Partners, LLC			
2. (a) Principal office address of limited liability compan	y: 3390 Mary Street, Suite 200			
(Note: MUST BE STREET ADDRESS)	Coconut Grove, FL 33133			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
12/15/2000	M0000002598			
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:	Theodore Stotzer			
Registered Office Address:	321 East Hillsboro Boulevard Deerfield Beach, FL 33441			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: Brett Dill				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3390 Mary Street, Suite 200 Coconut Grove ,FL33133			
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. Signature of a member or authorized representative of a member				
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability compar	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00