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corporation N	AME(S) & DOCUMENT NUMBE randing address	R(S), (if known):	OF C	
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☐ Walk in ☐	Pick up time	Certified Copy		
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NEW FILINGS	" AMENDMENTS	100002	533 7717 29801102001	
Profit	Amendment		*****35.00 ******35.00	
NonProfit	Resignation of R.A., Officer/Director	· .		
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			
	NWO COLUMN TO SERVICE THE SERVICE TO SERVICE THE SERVI			
OTHER FILINGS	REGISTRATION/SQUALIFICATION		RA Chg.	
Annual Report	Foreign	RA Chg.		
Fictitious Name	Limited Partnership	V		
Name Reservation	Reinstatement			
	Trademark	VS JUN 3	1998	
	Other			
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		Examiner's Initials	1	

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: 1b. The mailing address of the corporation is: 941 WASHIN 1c. Date of incorporation: HML Document number: 4 The name and address of the current registered agent and office: Frederic M. Barthe 888 S.E. 3rd Avenue, Suite 400 Ft. Lauderdale, FL 33316 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) DAMA AROCA PLVD 41201 The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. (Signature of an officer, chairman or wide chairman of sie board) (Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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 duties, and I am familiar with and accept the obligation of my position as registered agent. (Signature of Registered Agent) If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name):

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(Capacity)