

P99000084878

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : CORPORATION SERVICE COMPANY
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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

PARTNERS ET AL, INC.

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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, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Partners Et Al, Inc., a Florida corporation
2. The principal office address: 1500 North Federal Highway Suite 200
Fort Lauderdale, Florida 33304
3. The mailing address (if different): 1500 North Federal Highway Suite 200
Fort Lauderdale, Florida 33304
4. Date of incorporation/qualification: 9/24/1999 Document number: P99000084878
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Albert L. Masters3111 University Drive Suite 601Coral Springs, Florida 33065

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

F. Ronald Mastriana, Esq.1500 North Federal Highway Suite 200(P.O. Box NOT acceptable)Fort Lauderdale, Florida 33304

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, or the corporation has been notified in writing of the change.

(Signature of officer or director)DALL HILCO, PRESIDENT
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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