

A08000000290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

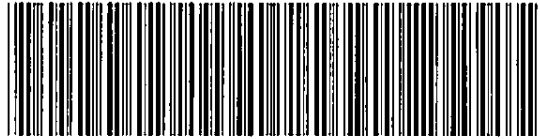
(Business Entity Name)

(Document Number)

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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**XX FILING** CHANGE OF RA

**1. AEH FAMILY HOLDINGS LLLP**  
(CORPORATE NAME AND DOCUMENT #)

**2.**  
(CORPORATE NAME AND DOCUMENT #)

**3.**  
(CORPORATE NAME AND DOCUMENT #)

**4.**  
(CORPORATE NAME AND DOCUMENT #)

**5.**  
(CORPORATE NAME AND DOCUMENT #)

**6.**  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ASH FAMILY HOLDINGS LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: \_\_\_\_\_

The enclosed Statement of Change of Registered Office and/or Registered Agent and  
fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to:

GINDA BENNETT  
Contact Person

CORPATE ACCESS, INC.  
Firm/Company

236 E. 6<sup>th</sup> AVE  
Address

TALLAHASSEE FL 32303  
City, State and Zip Code

alnbalsey@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA BENNETT at ( 800 ) 969 1666  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. AEM FAMILY HOLDINGS LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. MARCH 18, 2008 3. A08000000290  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WELLS & WELLS, P.A.  
Name  
901, PONCE DE LEON BLVD, SUITE 200  
Address  
CORAL GABLES FL 33134  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CORPATE ACCESS LLC  
Name  
236, E 6<sup>th</sup> AVE,  
Florida street address (P.O. Box not acceptable)  
TALLAHASSEE FL 32303  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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 obligations of my position as registered agent.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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DEPARTMENT OF STATE

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