## A05000000755

(Demonstrate Name)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2004)				
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SECHETARY OF STATE

## LIMITEL PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provi<sub>iol</sub>ns of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

4 H ·	r i Pius d Bassi		
1. Allegiance Tusca	•	ersnip ame of the limited partnership	
2. 04/15/05 Date of filing/regis	tration in Florida	3. A05000000755  Document number assignment numb	gned
4. The name of the reg Department of State		e registered office address as shown on the	ne records of the Florida
		Name ks Court, Suite Five	05 S TALL
	Jacksonville, Fl	Address 32224	EP 26
		City, State and Zip	RY OF
5. The name and addre	ss of the new registe	ered agent and/or office:	ES
	Douglas R. Maxw		器 32
1	0739 Deerwood	Name Park Boulevard, Suite 200A	<b>⊅&gt;</b>
<u>-</u>		address (P.O. Box not acceptable)	<del></del> .
Ja	acksonville	FL 32256	
6. Such change(s) was/	were authorized by	City, State and Zip the general partners.	
1/4.11	scany Managemer	nt, LLC	·
By Signature of General Parther	Charles D. A	Ames	
with the provisions of a familiar with and accep	all statutes relative i t the obligations of n ige in the registered	ed agent and agree to act in this capacity.  to the proper and complete performance  my position as registered agent. Or, if thi  I office address, I hereby confirm that the	e of my duties, and I am is document is being filed
Signature of Registered Age	laxwell	<del></del>	

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00