A12982

NewCo Corporate Services, Inc.
Requestor's Name POLARO GIOSPIE Address 200002677932--C -11/02/98--01087--005 *****280.00 ******35.00 350 Fight Ave. Suite 6017 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time _ ☐ Walk in Mail out Photocopy Certificate of Status Will wait AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Document Other Merger Exami Update: REGISTRATION/ OTHER FILINGS **QUALIFICATION** Annual Report Verifye Foreign Fictitious Name Limited Partnership Name Reservation W. P. V Reinstatement Trademark

Examiner's Initials

Other

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

Pursuant to the	provisions of sections 620	.105 and 620.10	51, Florida Statutes, the	undersigned limited
partnership orga	nized under the laws of the	ne state ofN	New York	, submits the
following state	nent in order to change it	s registered offic	e or registered agent, or	both, in the state of
-				,
Florida.				
1	TISHMAN SPEYER PRO			
	Nan	ne of the limited part	inership	
2 . ⁸ /12/82		3 A12°	782	
Date of fi	ling/registration in Florida		Docum	ent number assigned
4. The name a	nd address of the present i	registered agent	and office:	
	THE PRENTICE-HALL CORPORATION SYSTEM, INC.			-
	- 1201 HAYS STREET,	SUITE 105		<u>—</u>
	TALLAHASSEE, FLORII	DA 32301		<u> </u>
5. The name a	nd street address of the su	ccessor registere	ed agent and office: (P.C). Box not
accepta	ole)			ECH 8 N
	- NRAI SERVICES	S, INC.		AFF OF
	~ 526 E. PARK A	AVENUE		-2 -2 SSEE
	TALLAHASSEE, I	FLORIDA 32301		PM 4: 30 OF STATE E, Florid
Such change w	as authorized by the gener	ral partners.		ORII ORII
•	er Properties, Inc.	•	tner	A O
1201	مويوا - المال		10/21/98	•
<i></i>	Signature of General Partner		Date	
partnership at agent and agre relative to the p	med as registered agent of the place designated in the e to act in this capacity. Proper and complete perfo y position as registered a	nis certificate, I h I further agree i Ormance of my di	nereby accept the appoin	ıtment as revistered
NRAI SERVIC		-	1000	1/
- Della	Tolerate		10/28/5	J
	Registered Agent signature		Date	
DELIA TALIEN	TO, ASST. SEC'Y			

Filing Fee: \$35.00