

A94-1046

SYNAGEN CAPITAL PARTNERS, INC.

P. O. Box 568589
Orlando, Florida 32856-8589

10/15 MJH
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. A94-1046 700004636437--1
(Corporation Name) (Document #) -10/15/01--01049--016
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- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

FILED
01 OCT 15 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

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

Pursuant to the provisions 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.

1. Ewing/Synagen Partners, Ltd.
Name of the limited partnership
2. 7/28/94
Date of filing/registration in Florida
3. A94000001046
Document number assigned

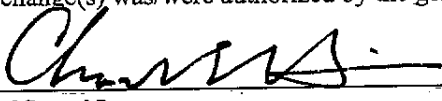
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Charles E. Harris
Name
8801 Vistana Centre Drive
Address
Executive Offices - CEH
Orlando, FL 32821
City, State and Zip

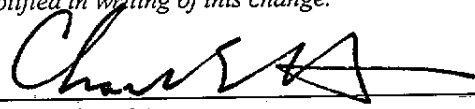
5. The name and address of the new registered agent and/or office:

Charles E. Harris
Name
1430 Elizabeth Drive
Florida street address (P.O. Box **not** acceptable)
Winter Park FL 32789
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner Charles E. Harris

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


Signature of Registered Agent Charles E. Harris

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

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