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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 16 2012

EXAMINER



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195

REFERENCE : 093882 7870092

AUTHORIZATION :

*Lyndee*

COST LIMIT : \$35.00

ORDER DATE : February 13, 2012

ORDER TIME : 9:38 AM

ORDER NO. : 093882-004

CUSTOMER NO: 7870092

CHANGE OF AGENT

NAME: GAINESVILLE GROUP LIMITED  
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE FLORIDA

**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. GAINESVILLE GROUP HOLDINGS LIMITED PARTNERSHIP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 12/09/2005**

Date of filing/registration in Florida

**3. B05000000534**

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:

NRAI Services, Inc.

Name

515 E. Park Avenue

Address

Tallahassee, FL 32301

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

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

Maureen Cathell

Signature of General Partner

Maureen Cathell, Authorized Person on behalf of Gainesville Group GP LLC - GP

*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.*

**Corporation Service Company**

By: Sylvia Queppet

Signature of Registered Agent Sylvia Queppet, Asst. VP

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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