

BO70000000340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

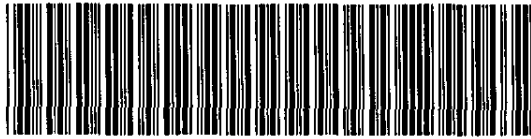
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J. SAULSBERRY
EXAMINER
DEC 20 2012



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 460864 7392889

AUTHORIZATION

Spuddean

COST LIMIT : \$ 35.00

ORDER DATE : December 17, 2012

ORDER TIME : 11:26 AM

ORDER NO. : 460864-143

CUSTOMER NO: 7392889

CHANGE OF AGENT

NAME: ZB LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS: _____

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**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. ZB LIMITED PARTNERSHIP (DELAWARE)
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/09/2007
Date of filing/registration in Florida

3. B07000000340
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:

C.T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, Fl 33324
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.

Deb Reeves
Signature of General Partner Deb Reeves, VP on behalf of
ZB/CCR Corp., 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.
Corporation Service Company

By: Sylvia Queppet
Signature of Registered Agent
Sylvia Queppet, Asst. V.P.

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

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