

B1700000278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

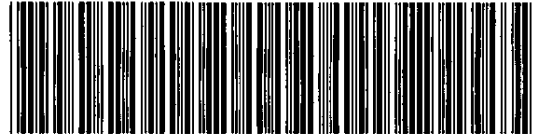
(Business Entity Name)

(Document Number)

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FILED
JUN 23 2014
CLERK OF SUPERIOR COURT
MICHIGAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6401 TAMPA LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B13000000278

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Brooks
Contact Person
BlumbergExcelsior Corporate Services, Inc.
Firm/Company
814 San Jacinto Boulevard, Suite 303
Address
Austin, Texas 78701
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Brooks at (800) 252-3050
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. 6401 TAMPA LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/30/13
Date of filing/registration in Florida

3. B13000000278
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:

BlumbergExcelsior Corporate Services, Inc.
Name

155 Office Plaza Drive, 1st Floor
Address

Tallahassee, FL 32301
City, State and Zip

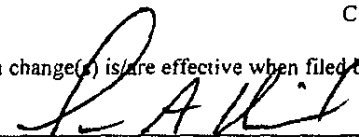
5. The name and Florida street address of the new registered agent and/or office:

James A. Hericks
Name

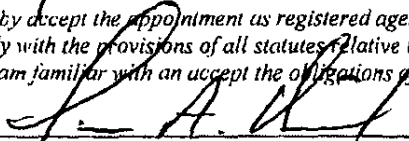
6401 Badger Drive, Suite 200
Florida street address (P.O. Box not acceptable)

Tampa FL 33610
City, State and Zip

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


Signature of 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.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50