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Division of Corporations Fex Number 1 (850) 617-6383

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Phone

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COVER LETTER

TO: Registration Section Division of Corporations			
	ervices, LP		
Name of Limited Partnership or Lin	lited Liability Limited Partnership		
DOCUMENT NUMBER:E	B13000000284		
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Office and/or Registered Agent and		
Please return all correspondence concerning this r	natter to:		
Elissa Hart			
Contact Person			
Smith, Gambrell & Russell, LLP			
Firm/Company			
1230 Peachtree St. NE, Suite 3100	2011 SE TALLI		
Address	DIS AUG SECRETI VLLAHA		
Atlanta, GA 30309			
City, State and Zip Code	SSE -5		
ehart@sgrlaw.com	m [™]		
E-mail address: (to be used for future annual report no	iffcation)		
For further information concerning this matter, pla	유글 수		
Elissa Hart at (404) 815-3500		
	rea Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Fl	orida Department of State.		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, FL 32301			

INHS04 (01/06)

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,	~~	rvices, LP	****	dddir dignig Staton Millerthysgoldgywydi.	
	Name of Limited Pannership or Lin	nited Liability I	imited Partnership		
2	10/04/2013	3	B13000000		
Date of fill:	ng/registration in Ptorida		Plorida document a	umber	
4. The name of the Department of State	registered agent and the registered	office address	is shown on the record	ds of the Florida	
	CT Corporal	ion System			
	Na				
	1200 South Pi	ne Island R	d.		
	Addı				
	Plantation,	FL 33324			
	City, State	and Zip			
5. The name and Pl	orida street address of the new regi	istered agent an	d/or office:	72° 2	
	Smith, Gambrell	& Russell, I	LP.	2015 SEC.	
	Na	ne		AUG RETA AHAS	-
	50 North Laura	St., Ste 190	00	TAR SSS	CE STATE OF
	Floridu street address (P.	O. Box not sec	eptable)	m ₹ v	1
	Jacksonville	ы	, 32202		M
<i>,</i>	City, State	and Zip	· <u></u>	STA LOR	
(i. Such chunge(x) is Wik/Managbasani, in	are effective when filed by the Ek	ortd a Departino	nt of State.	1: 20 47E RIDA	
By:	Blove McCullough, So	arolficy			
Signature of General	Partner				
comply with the prov) ippointment as registered agent an extense of all statutes relative to the ith you occupt the obligations of my	proper and co	mplete performance o		
Mel	Thumas H. Hony				
Signature of Registe	red Agent				
Fi)ing Res:	\$35.AD				

Certified Copy (optional): \$52.50