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SECRETARY OF STATE
ALAHASSEF FLORINA

ADR 4/8/05



ACCOUNT NO. : 072100000032

REFERENCE : 288977

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: March 31, 2005

ORDER TIME : 11:31 AM

ORDER NO. : 288977-010

CUSTOMER NO: 4380022

CUSTOMER: Kathianne Shea

Boston Capital Corporation

Suite 2100

One Boston Place

Boston, MA 02108-4406

CHANGE OF AGENT

NAME:

CYPRESS POINT LIMITED

PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

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.CYPRESS POINT OF SOUTH FLORIDA LIMITED PARTNERSHIP
Name of the limited partnership
2. December 31, 1992 3. B92000000091 Date of filing/registration in Florida Document number assigned
Date of thing-registration in Florida 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: C T Corporation System
Name
1200 South Pine Island Road
Address
2 ZAMA (1)3
Plantation, FL 33324
City, State and Zip
5. The name and 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) was/were authorized by the general partners.
1 Was 1 Slda
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. 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
merety to reflect a change in the registered office address, I hereby confirm that the amited partnership has been notified in writing of this change.
Corporation Service Company
Milbell- K-Vannoy
Signature of Registered Agent Michelle R. Vannov

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