

B9500000174

Florida Department of State
Division of Corporations
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Account Number : FCA000000023
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REGISTERED AGENT CHANGE
INDEPENDENCE TAX CREDIT PLUS LIMITED PARTNERSHIP III

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Estimated Charge | \$35.00 |

G. MCLEOD

AUG 11 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDEPENDENCE TAX CREDIT PLUS L.P. III
Name of Limited Partnership or Limited Liability Limited Partnership

**INDEPENDENCE
TAX CREDIT PLUS
LIMITED PARTNERSH
III**

DOCUMENT NUMBER: B9500000194

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:

Contact Person

Firm/Company

Address

City, State and Zip Code

scris@centerline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. INDEPENDENCE TAX CREDIT PLUS L.P. III DBA
Name of Limited Partnership or Limited Liability Limited Partnership
INDEPENDENCE TAX CREDIT PLUS LIMITED PARTNERSHIP III

2. 05/30/1995 3. B9500000194
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY
Name

1201 HAYS STREET
Address

TALLAHASSEE FL 32301-2525
City, State and Zip

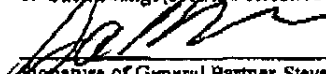
5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name

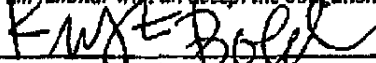
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

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


 Signature of General Partner Steven A. Beede, Secretary for Related Independence Associates III, Inc., GP of Related Independence Associates III, L.P., its 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.


 Signature of Registered Agent **Kristin Bolden**
 Assistant Secretary

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

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