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(Requestor's Name)		
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PICK-UP	WAIT	MAIL
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(Busine	ess Entity Name	*)
(Document Number)		
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2010 MAY 21 PM 22: 11
SECRETARY OF STATE
AND A SEEE, FLORIDA

C. LEWIS

MAY 2 4 2010

EXAMINER



Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767

> ATTN: Secretary of State Division of Corporations P.O. Box 6327 Tallahassee FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATTILLO INDUSTRIAL PARTNERS, LLC		
Name of Limite	ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Myra Homer Name of Person		
Capitol Services Registered Agent Firm/Company	Department	
800 Brazos, Suite 400		
Austin, Texas 78701 City/State and Zip Code		
E-mail address: (to be used for future annual report notificate	ion)	
For further information concerning this matter, pl	ease call:	
Myra Homer at (800 345-4647 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PATTILL	O INDUSTRIAL PARTNERS, LLC	
2. (a) Principal office address of limited liability company: 2200 Century Pkwy, Ste. 100		
(Note: MUST BE STREET ADDRESS)	Atlanta, GA 30345	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
9/11/2002	M02000002387	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Rd	
	Plantation FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:	
NEW Registered Agent:	Capitol Corporate Services, Inc.	
NEW Registered Office Address:	155 Office Plaza Drive, Suite A	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee , FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of addenser or authorized representative of a member	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any.	
TEERS L. Salpans		
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp		
Signature of Registered Agent behalf of Capitol Corpo	•	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00