

Requestor's Name	A94000000108
Address	
City/State/Zip      Phone #	
Office Use Only	

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  

(Corporation Name)
(Document #)
2. \_\_\_\_\_  

(Corporation Name)
(Document #)
3. \_\_\_\_\_  

(Corporation Name)
(Document #)
4. \_\_\_\_\_  

(Corporation Name)
(Document #)

- ☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

**300002147723--4**  
 -04/18/97--01054--001  
 \*\*\*\*175.00    \*\*\*\*\*35.00

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

A94000000108  
 4/18/97

Examiner's Initials	
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**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 organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Shoppes Limited Partnership  
Name of the limited partnership

2. February 1, 1994 3. \_\_\_\_\_  
Date of filing/registration in Florida Document number assigned

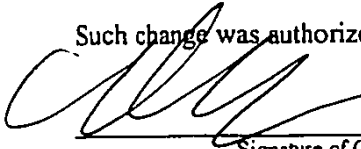
4. The name and address of the present registered agent and office:

Jeffrey P. Wieland  
c/o Maguire, Vorrhis & Wells, P.A., 2 S. Orange Ave.  
Orlando, FL 32801

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

NRAI Services, Inc.  
526 E. Park Avenue  
Tallahassee, FL 32301

Such change was authorized by the general partners.

 MICHAEL D. RUBIN  
PRESIDENT - SIP OF ORLANDO, Inc. APRIL 3, 1997  
Signature of General Partner Date

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.*

NRAI Services, Inc.

By: Paula Roden 4/11/97  
Registered Agent signature Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314