CORPORATE ACCESS,

5000001106

236 East 6th Avenue . Tallahassee, Florida 32303

INC.

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

| PICK UF | P 4/10/00 | RIO SERVICE |
|-------------------------------|---------------------------------|---|
| CERTIFIED COPY | cus | 1 8: 3 8: 3 |
| У РНОТО СОРУ | XFILING RA Change | 一 |
| Esforms Ranch P | Properties, Ltd. | |
| (CORPORATE NAME & DOCUMENT #) | 5 000 3501 -04/10/00- | 19859 -01041001) *****35.00 |
| (CORPORATE NAME & DOCUMENT #) | | |
| (CORPORATE NAME & DOCUMENT #) | JEPAR II. | REC 00 APR |
| (CORPORATE NAME & DOCUMENT #) | SEE, FLORID | ECHIVED |
| (CORPORATE NAME & DOCUMENT #) | M. | 10 |
| SPECIAL INSTRUCTIONS | 4 10/0 | |
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WALK IN

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 | |
| following statement in order to change its registered office or registered agent | |
| Florida. | |
| | |
| 1. Esformes Ranch Properties, Ltd. Name of the limited partnership | |
| | |
| 2. 7-20-95 3. A9500001104 | o coment number assigned |
| 4. The name and address of the present registered agent and office: | |
| - - - | |
| Esformes Holdings, Corp 503 10th St. West | |
| 503 10th St. West | . |
| Palmetto, FL. 34221 | |
| 5. The name and street address of the successor registered agent and office: (acceptable) | (P.O. Box <u>not</u> |
| Corporate Access, Inc | |
| 236 East 6th Ave | |
| Tallahassee, Fl 32303 | - |
| Such change was authorized by the general partners. | |
| | |
| Signature gif General Partner Date | (B) |
| | |
| naving veen named as registered agent and to accept service of process for to partnership at the place designated in this certificate, I hereby accept the app | he above stated limited vointment as registered |
| Having been named as registered agent and to accept service of process for to partnership at the place designated in this certificate, I hereby accept the appagent and agree to act in this capacity. I further agree to comply with the prelative to the proper and complete performance of my duties, and I am family obligation of my position as registered agent. | ovisions of all statutes iar with and accept the |
| | , |
| Registered Agent signature Date | 100 |
| Registered Agent signature Date | / |

Filing Fee; \$35.00

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