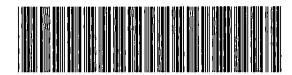
A98WW1279

•			
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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B. KOHR FEB 1 4 2012

EXAMINER



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12 FEB 13 PM 1: 52
DEPARTMENT OF FLORIDA
DIVISION OF CORPORATION

12 FEB 13 AH 9: 21



ACCOUNT NO. : 12000000195			
REFERENCE : 061640 7232314			
AUTHORIZATION: Spelle Ren			
COST LIMIT : \$ 35.00			
ORDER DATE : January 16, 2012			
ORDER TIME: 12:25 PM			
ORDER DATE: January 16, 2012 ORDER TIME: 12:25 PM ORDER NO: 061640-053 CUSTOMER NO: 7232314			
CUSTOMER NO: 7232314			
CHANGE OF AGENT			
NAME: ANDOVER PLACE NORTH LIMITED PARTNERSHIP			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Becky Peirce EXT# 2919			
EXAMINER:			

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. ANDOVER PL	LACE NORTH LIMITED PA	RTNERSHIP	
Na	ame of Limited Partnership or Limit	ed Liability Limited Partnership	
2. 05/21/1998	3, A98000001279		
Date of filing/registration in Florida		Florida document number	
4. The name of the ro Department of State:	egistered agent and the registered of	fice address as shown on the records of the Florida	
	NRAI Services, Inc.		
Name		₹ 1	
	nd Zip		
Address			
Tallahassee, FL 32301			
City, State and Zip			
5. The name and Flo	rida street address of the new regist	ered 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) is/	are effective when filed by the Flori	da Department of State.	
\mathcal{V}	26000	1	
on behalf of Andover Place North, Inc. Maureen Cathell, Vice President *on behalf of Andover Place North, Inc. General Partner			
		agree to act in this capacity. I further agree to	
comply with the provi	isions of all statutes relative to the p	roper and complete performance of my duties,	
D ' V// 4	h an accept the obligations of my po Service Company	sition as registered agent.	
Signature of Register	ed Agent		
Elizabeth A. Daw	son, Asst. Vice President		
Filing Fee:	\$35.00		
Certified Copy (c	optional): \$52.50		