

#B05000000097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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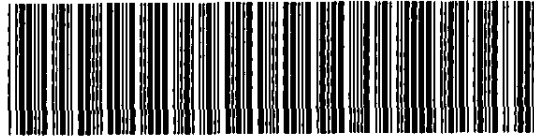
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 1 2012



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 178841 7880802

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : April 24, 2012

ORDER TIME : 10:23 AM

ORDER NO. : 178841-008

CUSTOMER NO: 7880802

CHANGE OF AGENT

NAME: CERTIFIED PAYMENTS NO. 1, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS: _____

**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. CERTIFIED PAYMENTS NO. 1, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/02/2005

Date of filing/registration in Florida

3. B05000000097

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:

NRAI Services, Inc.

Name

515 E. Park Avenue

Address

Tallahassee FL 32301

City, State and Zip

5. The name and Florida street address of the new registered 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 Florida Department of State.



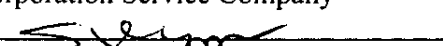
Signature of General Partner

Maureen Cathell, Vice President on Behalf of Certified Payments, Inc., General Partner

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.

Corporation Service Company

By:



Signature of Registered Agent Sylvia Queppet, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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