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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES,
Account Number : 120160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

**REGISTERED AGENT CHANGE
CMP CHP SAN MARCOS, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

FEB 05 2019

A. LUNT

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**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. CMP CHP SAN MARCOS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/20/2003

Date of filing/registration in Florida

3. A03000000267

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:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Capitol Corporate Services, Inc.

Name

515 East Park Avenue 2nd Fl

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.
Lakes at San Marcos GP, LLC, General Partner, by its Sole Member, MMA TEI GP, LLC, by its Sole Member, Hunt UHTC Holdings, LLC

Susanne Smith
Signature of General Partner Susanne Smith, Asst. Secretary

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.

Debbie Case Debbie Case, Asst. Secretary on behalf
Signature of Registered Agent of Capitol Corporate Services, Inc.

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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FILED
19 FEB -5 AM 9:55
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TALLAHASSEE, FLORIDA