A0100000126

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. SAULSBERRY EXAMINER

FEB 14 2012



	ACCOUNT NO.	:	1200000001	.95			
	REFERENCE	:	061640	7232314			
	AUTHORIZATION	:	Smille	lenan	,		
	COST LIMIT	:	\$ 35.00	- nas			
						-	
ORDER DATE :	January 16, 2012						
ORDER TIME :	12:24 PM				٠		
ORDER NO. :	061640-041			(ě	Whate		
CUSTOMER NO:	7232314			, 1,			
<u> </u>						. 	
CHANGE OF AGENT							
NAME:	ADDISON PARK DARTNERSHIP	LIM	ITED		2012 FEB 13 AH SECRETARY OF S TALLAHASSEE, FL	T	
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:	8: 18		
CERTIFIED COPY XX PLAIN STAMPED COPY							

EXAMINER:

CONTACT PERSON: Becky Peirce -- EXT# 2919

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.

· `	K LIMITED PARTN ne of Limited Partnership	ERSHIP or Limited Liability Limited Pa	rtnership	
2. 01/16/2001		3. A01000000	126	
Date of filing/registration in Florida			locument number	
4. The name of the reg Department of State:	istered agent and the regis	stered office address as shown o	n the records of the Florida	
	NRAI Services, Inc.			
- -		Name		
	515 E. Park Avenue			
-		Address		
	Tallahassee, FL 3230	1	IDIZ	
-	City	, State and Zip		
5. The name and Flori	da street address of the ne	w registered agent and/or office	111 × 20	
_	Corporation Service (Company	— PS M IT	
		Name	OR OR	
	1201 Hays Street		10 A GIR	
-	Florida street addre	ess (P.O. Box not acceptable)		
	Tallahassee	FL 32301		
-	City	State and Zip		
6. Such change(s) is/ar	re effective when filed by	the Florida Department of State		
Signature of General P. Maureen Cathell,	Vice President*	General Partr		
		ent and agree to act in this cape to the proper and complete per		
and I am familiar with Corporation S By:	an accept the obligations ervice Company	of my position as registered age		
Signature of Registered		4		
Filing Fee:	on, Asst. Vice Preside \$35.00	ent		
Certified Copy (o)				