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Florida Department of State
Division of Corporations
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Account Name : PURCELL, FLANAGAN & HAY, P.A.
Account Number : 071722000522
Phone : (904)355-0355
Fax Number : (904)355-0820

APR 05 2012
- SELLERS

Email Address:

**REGISTERED AGENT CHANGE
DE HECHAVARRIA, LTD.**

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

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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. DE HECHAVARRIA, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. May 2, 2001
Date of filing/registration in Florida
3. A01000000632
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:

Joan N. De Hechavarria
Name

8229 Shade Tree Court
Address

Jacksonville, FL 32256
City, State and Zip

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

Timothy L. Flanagan
Name

1548 Lancaster Terrace
Florida street address (P.O. Box not acceptable)

Jacksonville FL 32204
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of 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.

[Signature]
Signature of Registered Agent

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

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Fla. Bar No.: 335223

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