

A02 DUWVO405

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TALLAHASSEE, FLORIDA

B. KOHR

JUL 30 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL 30 PM 4:19



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 444235 7736905

AUTHORIZATION :

COST LIMIT : \$ 35,000

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL 30 PM 4:19

ORDER DATE : July 12, 2010

ORDER TIME : 10:47 AM

ORDER NO. : 444235-234

CUSTOMER NO: 7736905

CHANGE OF AGENT

NAME: CMS PALMA SOLA ASSOCIATES,  
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Kimberly Moret -- EXT# 2949

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.

FILED STATE  
SECRETARY OF CORPORATIONS  
10 JUL 30 PM 4:19

**1. CMS PALMA SOLA ASSOCIATES, LIMITED PARTNERSHIP**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 03/21/2002**

Date of filing/registration in Florida

**3. A02000000405**

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:**

**Corporation Service Company**

Name

**1201 Hays Street**

Florida street address (P.O. Box not acceptable)

**Tallahassee**

**FL 32301**

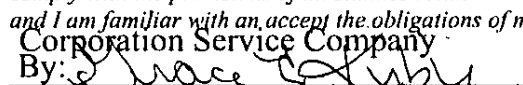
City, State and Zip

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

  
Signature of General Partner

Blanca Lozada, Attorney in Fact on behalf of CMS Palma Sola Partners, L.P., 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: **Grace E. Kirby, Assistant VP**

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**