

A02 DUWVO 405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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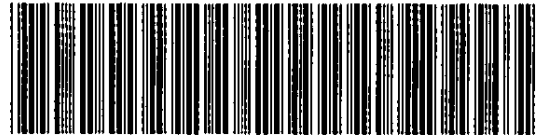
(Business Entity Name)

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B. KOHR
JUL 30 2010
EXAMINER

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 444235 7736905
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35,000

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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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:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

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**

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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. 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.

By: Grace Kirby

Signature of Registered Agent: Grace E. Kirby, Assistant VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50