

AC20000000690

(Requestor's Name)

L. J. MELODY & COMPANY

100 SOUTH ASHLEY DRIVE
SUITE 1270
TAMPA, FLORIDA 33602

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

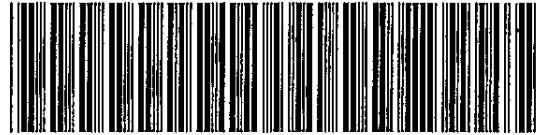
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AC2-690

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CAMPUS LODGE OF ATHENS, LTD.
Name of the limited partnership

2. 5-15-2002
Date of filing/registration in Florida

3. A02000000690
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

DAVID H. FORT
Name
4422 S.W. 85TH WAY
Address
GAINESVILLE, FL 32608
City, State and Zip

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

FRANK C. SILCOX
Name
100 S. ASHLEY DRIVE, SUITE 1270
Florida street address (P.O. Box not acceptable)
TAMPA, FL 33602
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Frank C. Silcox
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Frank C. Silcox
Signature of Registered Agent

FILED
04 SEP - 3 PM '02
TALLAHASSEE
FLORIDA

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**