H03000000423

(Requestor's Name)					
(Address)					
(Address)					
•					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
,					
(Document Number)					
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MAR 1 3 2012 T. HAMPTON



ON SERVICE COMPANY.
ACCOUNT NO. : I2000000195
REFERENCE : 098806 7598612
AUTHORIZATION :
COST LIMIT SASSES WAS
ORDER DATE : February 16, 2012
ORDER TIME : 12:34 PM
ORDER NO. : 098806-030
CUSTOMER NO: 7598612
<u>CHANGE OF AGENT</u>
NAME: WHISPERING OAKS HOUSING PARTNERS II, LTD.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Stephanie Milnes EXT# 2920

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.

- ' · · · · · · · · · · · · · · · · ·	G OAKS HOUSING PARTNI		
1	Name of Limited Partnership or Limit	ted Liability Limited Partnership	
2. 03/18/2003		3. A03000000423	
Date of filing/registration in Florida		Florida document number	
4. The name of the Department of State	registered agent and the registered o	ffice address as shown on the recor	ds of the Florida
•	C.T Corporation System		
	Nam	3	
	1200 South Pine Island Roa	ıd	
	Addre	ss	τ
	Plantation FL 33324		2
-	City, State	and Zip	A 1
5. The name and Fi	orida street address of the new regis	ered agent and/or office:	12 MAR 12
	Corporation Service Compa	iny ·	R
	Name		ထ္
	1201 Hays Street		39
	Florida street address (P.C	. Box not acceptable)	
	Tallahassee	FL 32301	
	City, State a	and Zip	
Frances	s/are effective when filed by the Flor	ida Department of State.	
Signature of Genera	ll Partner ✓ t, Assistant Secretary on behalf of C	'alumhia Hausing SIn Cornoration	General Partner
	appointment as registered agent and	-	
	visions of all statutes relative to the		of my duties,
Corporation By:	ith an accept the obligations of my p Service Company	osition as registered agent.	
Signature of Registe	ered Agent Sylvia Queppet, Asst	. Vice President	
	\$35.00	•	,
Filing Fee: Certified Conv.		•	