

A 04000000139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

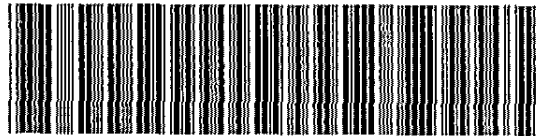
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07 MAR -2 AM 11:09
TALLAHASSEE, FLORIDA

FILED
07 MAR -2 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 781552 108724A

AUTHORIZATION :

COST LIMIT : \$ 140.00

Please call if I don't
have enough money in
header

ORDER DATE : March 1, 2007

ORDER TIME : 9:27 AM

ORDER NO. : 781552-005

CUSTOMER NO: 108724A

FILED
07 MAR -2 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: TOURIST PLAZA LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX (2) COPIES CERTIFIED COPY
XX (1 SET) PLAIN STAMPED COPY

← Note

CONTACT PERSON: Doreen Wallace - EXT#2928

EXAMINER: _____

Client wishes to have these filed separately.

Thanks

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
07 MAR -2 PM 12:17
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

1. Tourist Plaza Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. January 26, 2004

Date of filing/registration in Florida

3. A04000000139

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:

Jebailley, Joseph S.

Name

7932 West Sand Lake Road, Suite 300

Address

Orlando, Florida 32819

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]
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

Jeanine Reynolds
Asst. Vice President

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