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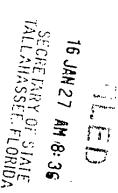
	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UF	P WAIT MAIL					
	(Business Entity Name)					
	(Document Number)					
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



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JAN 28 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/060

Re: UNIVERSITY CENTER PARTNERS, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35\_\_.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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.

1. UNIVER	RSITY CENT	ER PART	NER	S, LTD	).			
Name of Limit	ed Partnership or Lir	nited Liability	Limite	d Partnersh	nip			
2. 07/19/200		3		A04000				
Date of filing/registration in Florida			Flor	ida docum	document number			
4. The name of the registered age Department of State:	nt and the registered	office address	s as sho	wn on the t	records of the	Florida		
	Robert E	Esposito						
Name								
201 E. Las Olas Blvd, 7th Floor								
Address								
Ft. La	uderdale, FL 3	3301						
	City, State	e and Zip			Ā.	r.		
5. The name and Florida street ad	dress of the new reg	istered agent a	and/or o	ffice:	F F 71	16 JAN 27		
	Corporation Se	rvice Comp	any			Z		
	Nai	me			3SE	27	1.47	
	1201 Hay	/s Street			in c		Same Market Ma Market Market Ma Market Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	
Florida street address (P.O. Box not acceptable)					တဲ့	7799499		
	Tallahassee	F	FL :	32301	RID RID	ဋ္ဌာ	-	
	City, State				>			
6. Such change(s) is/are of	when filed by the Fl	lorida Departm	nent of S	State.				
1000		Dona Priebe	, Autho	rized Perso	on on behalf o	of		
Signature of General Partner		Patriotic En	terprise	s, LLC, Ge	eneral Partner	ı		
I hereby accept the appointment a comply with the provisions of all and I am familiar with an accept a Corporation Service	statutes relative to the	e proper and o	complet	e performa				
Signature of Registered Agent	<u> </u>							
Sylvia Queppet, Asst. Vice Pres								
Filing Fee:	\$35.00							
<b>Certified Copy (optional):</b>	\$52.50							