## 1406000000123

| (Re   | questor's Name)   | <del>, , , , , , , , , , , , , , , , , , , </del> |
|---|-------------------|---|
| (Ad   | dress)            |   |
| (Ad   | dress) .          |   |
| (Cit  | y/State/Zip/Phone | e #)  |
| PICK-UP                                       | WAIT              | MAIL  |
| (Bu   | siness Entity Nar | me)   |
|   |                   |   |
| (Do   | cument Number)    |   |
| Certified Copies                              | _ Certificates    | s of Status                                       |
| <u>, , , , , , , , , , , , , , , , , , , </u> | •                 | *   |
| Special Instructions to Filing Officer:       |                   |   |
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TALLANIA SSEPPORATIONS

B. KOHR

IJAN 2 8 2010

**EXAMINER** 

10 JAN 27 AM 11: 17

SECRETARY OF STATE STATE OR CORPORATIONS



| ON SERVICE COMPANY                                     |   |  |  |  |
|--|---|--|--|--|
| ACCOUNT NO.  | : I2000000195   |  |  |  |
| REFERENCE  | : 265218 7375564 6 70 70 70 70 70 70 70 70 70 70 70 70 70 |  |  |  |
| AUTHORIZATION  | spullelenan 4 2x  |  |  |  |
| COST LIMIT   | : \$35.00   |  |  |  |
| ORDER DATE : January 27, 2010                          |   |  |  |  |
| ORDER TIME : 3:11 PM                                   |   |  |  |  |
| ORDER NO. : 265218-025                                 |   |  |  |  |
| CUSTOMER NO: 7375564                                   |   |  |  |  |
| CHANGE OF AGENT  |   |  |  |  |
| NAME: DIM-GOVERNORS TOWN SQUARE<br>LIMITED PARTNERSHIP |   |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:        |   |  |  |  |
| CERTIFIED COPY  XX PLAIN STAMPED COPY                  |   |  |  |  |
| CONTACT PERSON: Carina L. Duni                         | lap EXT# 2951   |  |  |  |
|  | EXAMINER.   |  |  |  |

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHUS 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

|   | d office or registered agent, or both, in the state  |  |
|---|--|--|
| - '   | ors Town Square Limited Partnership  | ρ  |
| Na  | me of Limited Partnership or Limited Liability Lim   | nited Partnership  |
| 2. 01/19/2006   | 3. A0600000123   |  |
| Date of filing  | z/registration in Florida  | Florida document number  |
| 4. The name of the re Department of State:                  | egistered agent and the registered office address as s   | shown on the records of the Florida  |
|   | DBR & Associates, LLC  |  |
|   | Name   |  |
|   | One Financial Plaza, Suite 2001  |  |
|   | Address  |  |
|   | Fort Lauderdale, Florida 33394   | <u>.</u>   |
|   | City, State and Zip  |  |
| 5. The name and Flor  | rida street address of the new registered agent and/e  | or office:   |
|   | Corporation Service Company  |  |
|   | Name   |  |
|   | 1201 Hays/Street   |  |
|   | Florida street address (P.O. Box not accep   | table)   |
|   |  | 32301  |
| $\overline{}$   | City, State and Zip  |  |
| 6. Such change(s) is  | are effective when filed by the Florida Department   | of State.  |
|   |  |  |
| Signature of General  | Partner  | IC By AKHONGI Gallacher  |
| I hereby accept the a                                       | ppointment as registered agent and agree to act in   | LC By Arthur L Gallagher<br>this capacity. I further agree to<br>aplete performance of my duties,<br>tered agent. Representative   |
| comply with the prov  | visions of all statutes relative to the proper and com<br>th an accept the obligations of my position as regis | tered agent.  Responding to the series of my duties, the series of the s |
| $\mathbf{p} + \mathbf{l} \cdot \mathbf{l} \cdot \mathbf{l}$ | ervice Company   | rina L. Duniap   |
| By: Signature of Register                                   |  | . Vice President   |
| Filing Fee:   |  | - · · · · · · · · · · · · · · · · · · ·  |
| Certified Copy (  | (optional): \$52.50  |  |