

A06000000904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

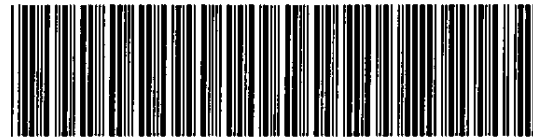
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 782954 7543082

AUTHORIZATION :

COST LIMIT : \$ 35.00

Lyndee

ORDER DATE : March 1, 2007

ORDER TIME : 9:48 AM

ORDER NO. : 782954-055

CUSTOMER NO: 7543082

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TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: COCOA SPRINGS ESTATES, LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

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.

1. COCOA SPRINGS ESTATES, LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. July, 21, 2006

Date of filing/registration in Florida

3. A06000000904

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:

Curtis R. Moslely

Name

1221 East New Haven Avenue

Address

Melbourne, FL 32901

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 of General Partner

Maureen Cullen, Attorney In Fact on behalf of Cocoa Springs Estates Development, LLC, 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 an accept the obligations of my position as registered agent.

By: Michelle R. Vannoy

Signature of Registered Agent Michelle R. Vannoy, Asst. VP.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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