## AC ON GOVERNED

ACCOUNT NUMBER: FCA000000005	<b>99</b>
REFERENCE: 2016133 (Sub Account)	99 NOV 16
DATE: 11-16-99	PR 55
REQUESTOR NAME: LEXIS	PH 3: 03
ADDRESS:	RECEIVED 99 NOV 16 PH 12: 24 99 NOV 16 PH 12: 24 01 VISION OF CORRESPONDE
TELEPHONE: () () exc ()	PH 12: 24 PH 12: 24 PH 12: 24
CONTACT NAME:	P 5
CORPORATION NAME: A 06747	
DOCUMENT NUMBER: (if applicable)	)30458523
AUTHORIZATION: C. Woodigud	0
CERTIFIED COPY (1-9)  CERTIFICATE OF STATUS (1-9)  PLAIN STAMPED COPY	SECULOR OF CITY OF CIT
( ) Call When Ready ( ) Call if Problem ( ) Walk In ( ) Will Wait ( )	After 4:10 Cash

mc 11/199

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited

partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida. NORTHWOOD APARTMENTS, LTD. Name of the limited partnership 08/24/1978 A06747 Date of filing/registration in Florida Document number assigned 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT CORPORATION SYSTEM PINE ISLAND RD Address PLANTATION. City, State and Zip 5. The name and address of the new registered agent and/or office: LEXIS DOCUMENT SERVICES INC Name 3953 WW KELLY ROAD Florida street address (P.O. Box not acceptable) City, State and Zip 6. Such change(s) was/were authorized by the general partners. Horda Serv. Corp. Signature of General Partner Cardinal Industria of 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change. Signature of Registered Agent

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00