ACCOUNT ILING OVER SHEET

ACCOUNT NUMBER: FCA00000005	
REFERENCE: 2016133 (Sub Account)	
DATE: 11-16-99	
REQUESTOR NAME: LEXIS	DIV. 6
ADDRESS:	9 NOV 16 PM 4: 53
TELEPHONE: () () ext (
CORPORATION NAME: A07349	
DOCUMENT NUMBER: (if applicable)	77 U U U
AUTHORIZATION: C. Woodigud	RECEIVE 99 NOV 16 AN II DEN GENERAL AN SON SERVICE SEE, FLO
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY	AM II: 17 AM II: 17 GREORATIONS EE, FLORIDA
Call When Ready () Call if Problem () Walk In () Will Wait () After 4:30) Pick Up

800003045858---

MX 11/1/44

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.

I. MEADUWOOD APAR.		LID.		
		Name of the limited p	artnership	
2. 03/23/1979		3	A07349	,
Date of filing/registra	Date of filing/registration in Florida Document numb		er assigned	
4. The name of the registed Department of State:	ered agent and t	the registered offic	e address as shown	on the records of the Florida
Department of State.	CT CORPO	RATION SYSTEM	I	-
		Name		
	1200 S.	PINE ISLAND F	D.	_
		Address		
	PLANTATI	ON, FL 33324	<u> </u>	
		City, State and	<u></u>	
		-	•	
5. The name and address	of the new regis	stered agent and/or	office:	
	LEXIS DO	CUMENT SERVIO	CES INC	
		Name		· ·
	3953 WW	KELLY ROAD		
		et address (P.O. Box	not acceptable)	
		•		
	TALLAHAS	SEE, FL City. State and 2	32311	<u> </u>
б. Such change(s) was/we	re authorized b			
0		, —- g p.m.		
K/m/	se son e			
Signature of General Partner	lexfe	erd Propert	nes, L.P.	·
with the provisions of all	statutes relative e obligations of in the registere	e to the proper an	d complete perform	city. I further agree to compl sance of my duties, and I an if this document is being file at the limited partnership ha
Lebecca V	esle	asst	ec	·
ionátura of Danicteral Agost				

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

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