AU8UUU000650

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	= #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only





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10/22/12--01048--001 **315.00 +





October 15, 2012

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Tampa Bay Arena, L.P. 401 Channelside Drive Tampa, FL 33602

RE: Change of Agent Requests

To Whom It May Concern:

Enclosed are ten (10) Change of Agent requests. Included is a check in the amount of Three Hundred and Fifteen Dollars (\$315.00) to cover the costs of the filing fees associated with the requests. Should you have any questions or concerns please contact me at (813) 301-6845.

Sincerely,

Danna Haydar

Associate General Counsel

COVER LETTER

TO:	Registration Section Division of Corporation	ıs		
CLID	•		Droportico	I D
SOR	JECT:Name of Limi	Palace Florida ited Partnership or Lim	ited Liability Limi	ted Partnership
DOC	UMENT NUMBER:	Д	080000006	50
	enclosed Statement of Cha are submitted for filing.	nge of Registered (Office and/or Re	egistered Agent and
Pleas	e return all correspondenc	e concerning this n	natter to:	
	Danna H	laydar		12 OCT 22 AM 8: 10 TALLAHASSEE. FLORI
	Contact F	Person		
	Tampa Bay A	Arena, L.P.		10 mg
	Firm/Con	ıpany		SET E
	401 Channe	Iside Drive	,	. L
	Addre			Par T
	T 5			P
	Tampa, F			
	City, State and	•		
		abaytimesforum.c		_
ŀ	E-mail address: (to be used for	future annual report no	tification)	
For f	urther information concern	ning this matter, ple	ease call:	
	Danna Havdar	at (813	301-6845
•	Name of Contact Person			time Telephone Number
Enclo	osed is a \$35.00 check ma	de payable to the F	lorida Departmo	ent of State.
STR	EET ADDRESS:		MAILING A	ADDRESS:
		Registration		
_	sion of Corporations		Division of Corporations	
	Clifton Building P. O. Box 6327			•
	Executive Center Circle		Tallahassee,	FL 32314
Talla	hassee, FL 32301			

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	Palace Florida	Properties	s, L <i>.</i> P.		
Na	me of Limited Partnership or Lin			ip	
2. 0	7-03-2008	3	A08000	000650	
Date of filing	/registration in Florida		Florida docum	iment number	
4. The name of the re Department of State:	egistered agent and the registered	l office address	as shown on the r	ecords of the Florida	
	Paul C	. Davis			
	Na	me			
	401 Channe	elside Drive			
	Add	lress		型图 20	
	Tampa, I	FL 33602		Eg C	
	City, Stat	e and Zip		72	
5. The name and Flor	rida street address of the new reg	gistered agent ar	nd/or office:	SEE	
	Robert	Canton		FLO 3.	
	Na	ime		智品	
	401 Channe	elside Drive		7	
	Florida street address (F	O. Box not acc	ceptable)		
	Tampa	F	L 33602		
	City, Stat	te and Zip			
AL	are effective when filed by the F	`lorida Departm	ent of State.		
Signature of General	ranuler				
comply with the provi	ppointment as registered agent a isions of all statutes relative to the hyan accept the obligations of m	he proper and c	omplete performa		
Signature of Register	red Agent	-			
Signature of Register	ou Agein				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50