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## **COVER LETTER**

Division of Corporations						
SUBJECT:	Town Park	Crossi	ing, LP			
Name of Limited Pa				d Partnership		
DOCUMENT NUMBER:		A0900000144				
The enclosed Statement of Change of fee(s) are submitted for filing.	f Registered (	Office ar	nd/or Reg	istered Agent and		
Please return all correspondence con	cerning this n	natter to:	:			
Sharon H. Yarr	nall					
Contact Person						
The NuRock Com	panies		_			
Firm/Company			_			
800 North Point Parkv	vay - #125					
Address	<del></del>		_			
Alpharetta, GA	30005					
City. State and Zip C			_			
syarnall@nur						
E-mail address: (to be used for future		tification)				
For further information concerning t	nis matter, pie	ease can	:			
Sharon H. Yarnall	at (	678	_)	297-3408		
Name of Contact Person			and Daytim	ne Telephone Number		
Enclosed is a \$35.00 check made pay	yable to the F	lorida D	epartmen	t of State.		
STREET ADDRESS:		MAII	LING AE	DDRESS:		
Registration Section		Registration Section				
Division of Corporations				rporations		
Clifton Building			Box 6327			
2661 Executive Center Circle Tallabassee, FL 32301		Lallal	nassee, Fl	. 32314		
TRIBANASSEE ET 3/3UT						

## 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.

l	Town Park	Crossing,	LF	<u> </u>		
1	Name of Limited Partnership or Li	mited Liability	Lim	ited Partnership		
2.	03/04/2009	3.		A0900000	00144	
Date of fili	Date of filing/registration in Florida		F	lorida documen	nent number	
4. The name of the Department of State	registered agent and the registered	d office address	as s	hown on the rec	ords of the Florida	
	CT Cor	poration				
		me			یے	
	1200 South Pine Island Ro		oad	ad 📜 🗒		
		iress				
	Plantation,	FL 33324			w w	
	City, Stat	e and Zip		<del> </del>	2011 NO 31 FI	
5. The name and F	lorida street address of the new reg	gistered agent a	ınd/o	r office:	720	
	Robby Block - NuRock	Acquisitions	s Fl	orida, <b>L</b> L,		
	Na	me			7,	
	8794 Boynton Bead	h Boulevar	<u>d -</u> :	#219		
	Florida street address (F	P.O. Box not ac	cept	able)		
	Boynton Beach	n F	:L	33472		
	City, Stat	e and Zip		-		
6. Such change(s) i	s/are effective when filed by the F	lorida Departm	nent :	of State.		
/ -	·	·				
Signature of Genera	al Partner					
comply with the pro	appointment as registered agent a posisions of all statutes relative to the ith an accept the obligations of m	he proper and c	comp	olete performanc	urther agree to e of my duties,	
Signature of Regist	ered Agent					
Filing Fee:	\$35.00					
<b>Certified Copy</b>	(optional): \$52.50					