Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6393

From:

Account Name : JOHNSON, POPE, BCKOR, RUPPEL & BURNS,

Account Number : 076666002140 : (727)461-181B Phone

Fax Number : (727)441-9617

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE SOUTHEBY PARTNERS, L.P.

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S. PRATHER

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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.

SOUTHER	BY PARTNERS, L.P.		·	
. =	Name of Limited Pattnership or Lim	ited Liability Limited Partnership	· ·	
2. 7/1/2000		3. A1000000209		
Date of fill	ing/registration in Plorida			
4. The name of the Department of State	registered agent and the registered of	office address as shown on the records of the I	Florida]	
	MICHAEL G. LITTL	E		
	Nam			
	911 CHESTNUT STR	EET	₹.	
	Addre			
	CLEARWATER, FL	33756		
•	City, State a	nd Zip	ASS C	
5: The name and Flo	orida street address of the new regist	ered agent and/or office:	SEC	
	LORI FINDLAY		FLORID.	
	Name		SE C	
	1740 SE 18TH COUR	T #1302	E DA	
	Florida street a Idress (P.O.	Box not acceptable)		
	OCALA	FL 34471		
	City, State at			
Signature of General I hereby accept the appropriate the proving and I am familiar with Signature of Registered	opointment as registe, ed agent and a isions of all statutes relative to the pr han accept the obligations of my pos the accept the obligations of my pos	nt Serve to act in this capacity. I further agree to		
Filing Fee: Certified Copy (o	\$35.00 ptional): \$52.50			