## A10033

(Requestor's N	lame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certif	ficates of Status
Special Instructions to Filing Office	er;
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## **CT** CORPORATION

December 10, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5730837 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Brandywyne Apartments East, Ltd. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 \_7615 DIVISION OF PH 2: 2

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

Pursuant to the prov	isions of sections 620.105 and 620.1051, Florida Statutes, the undersign	ned limited
partnership organized	under the laws of the state of Florida,	submits the
following statement i	in order to change its registered office or registered agent, or both, in t	the state of
Florida.		
	·	
1 BrandywyneApartm	ents East. Ltd.	
1	Name of the limited partnership	
2. 02/05/1981	3. A10033	
Data - 6 511	Doggment cumber aggregated	<del></del>
4. The name and add	ress of the present registered agent and office:  exis Document Services, Inc.  953 W.W. Kelley Road  allahassee FL 32311  et address of the successor registered agent and office: (P.O. Box not accept T Corporation System  O C T Corporation System, 1200 South Pine Island Road  lantation, Florida 33324  orized by the general partners.	
L	exis Document Services, Inc.	
<u>3</u>	953 W.W. Kelley Road	- 0 P
<u>T</u>	allahassee FL 32311	2 9
5. The name and stree	et address of the successor registered agent and office: (P.O. Box not accep	table
C	T Corporation System	Col
- c	/o C T Corporation System, 1200 South Pine Island Road	PA
– P	lantation, Florida 33324	
 Such change was auth	orized by the general partners.	8
	$\cap$	
- Oux	gnature of General Partner Date	<del></del> -
partnership at the pla and agree to act in th	anature of General Partner Date  as registered agent and to accept service of process for the above states designated in this certificate, I hereby accept the appointment as registive capacity. I further agree to comply with the provisions of all statutes related to the control of the contr	tered agent lative to the
proper and complete position as registered	performance of my duties, and I am familiar with and accept the obliga	ation of my
hall	Kegistered Agent signature  1230  Date	· · ·
	Rogistated Agent signature Date	
Christine M. E Assistant Se		

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

Filing Fee: \$35.00

INHSE004(3/95)