LUMMUS PARK ASSOCIATES ONE NORTH JEFFERSON ST. LOUIS, MO 63103  Address	TTD
City/State/Zip Phone #	
CORPORATION NAME(S) & DOCUM	Office Use Only MENT NUMBER(S), (if known):
1. (Corporation Name)	(Document #)
2. (Corporation Name)	(Document#)
3. (Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS  Annual Report	AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/OUALIFICATION  Foreign

CR2E031(7/97)

Examiner's Initials

## 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.

1. Lummus Park Associates, Ltd. Name of the limited partnership
2. 3/10/1981 3. A 10/78 Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Lawrence Ansbacher  Name  4215 South point Blvd. #100  Address  Jacksonville, FC 32216  City, State and Zip
5. The name and address of the new registered agent and/or office:  Lawrence Ansbacher  Sistematical Processing States and States an
6. Such change(s) was/were authorized by the general partners.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a charge in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.  Signature of Registered Agent

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

INHS04(9/97)