

A13953

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: PCA000000005

REFERENCE: 2027942
(Sub Account)

DATE: 5-2

REQUESTOR NAME: Lexis Document Service

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: A 13953

DOCUMENT NUMBER: _____
(if applicable) 400004132454--8

AUTHORIZATION: C. Woodyard
Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready () Call if Problem () After 4:00
() Walk In () Will Wait () Pick Up
() Mail Out

3/2
RECEIVED
01 MAY -2 PM 2:51
DIVISION OF CORPORATION

FILED
01 MAY -2 PM 5:16
TAMPAHASSEE, FLORIDA
SECRETARY OF STATE

**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. First Capital Income Properties, Ltd. - Series IX

Name of the limited partnership

2. 2-2-93
Date of filing/registration in Florida

3. A13953
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:

Prentice-Hall Corporation System, Inc.

Name

1201 Hays Street, Suite 105

Address

Tallahassee, FL 32301

City, State and Zip

5. The name and address of the new registered agent and/or office:

Lexis Document Services Inc.

Name

3953 WW Kelley Road

Florida street address (P.O. Box not acceptable)


Tallahassee

FL

32311

City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner First Capital Financial, L.L.C., by Donald J. Liebentritt, V.P.

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 change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00