

Document Number Only

A15091

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

CORPORATION(S) NAME

800002990798--9

-09/20/99--01067--001

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Service Centre Associates, LTD

- ☐ Profit ☐ Amendment ☐ Merger  
☐ NonProfit ☐ Dissolution/Withdrawal ☐ Mark  
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TALLAHASSEE, FL 32301  
DIVISION OF CORPORATIONS  
FILED  
SECRETARY OF STATE

Florida Department of State, Jim Smith, 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 organized under the laws of the state of  
Florida, submits the following statement  
in order to change its registered office or registered agent, or both, in the state of  
Florida.

1. The name of the limited partnership is:

Servico Centre Associates, Ltd.

2. The date of filing/registration in Florida:

August 10, 1983

3. Document number assigned:

A15091

4. The name and address of the present registered agent and office:

David Buddemeyer

1601 Belvidere Rd., Ste 501S

West Palm Beach, FL 33406

5. The name and address of the successor registered agent and office.:  
**(P.O. Box not Acceptable)**

C T CORPORATION SYSTEM

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

SIGNATURE: 

General Partner

Date: 8/20/99

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-  
NATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

CT CORPORATION SYSTEM

SIGNATURE: 

MARY R. ADAMS

ASSISTANT SECRETARY

(Type Name and Title of Officer)

Date: 9-17-99

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

**INHSE 4**

**Filing Fee: \$35.00**

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