

A17136

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE:
(Sub Account) _____

DATE: 5-2

REQUESTOR NAME: Lexis Document Service

ADDRESS: _____

TELEPHONE: (____) (____) EXT. (____)

CONTACT NAME: _____

CORPORATION NAME: A17136

DOCUMENT NUMBER: _____
(if applicable) 3000004132453--1

AUTHORIZATION: C. Woodyard
Cynthia J. Woodyard

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

<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call if Problem	<input type="checkbox"/> After 4:00
<input type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

3/25/2
RECEIVED
DIVISION OF CORPORATION
01 MAY -2 PM 2:51

FILED
01 MAY -2 PM 5:17
TALLAHASSEE FLORIDA

**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 X

Name of the limited partnership

2. 5-31-84
Date of filing/registration in Florida

3. A17136

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., 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 Lexis

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