



THE UNITED STATES  
CORPORATION  
COMPANY

# A 22445

ACCOUNT NO. : 072100000032

REFERENCE : 982521 5028492

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 30, 2001

ORDER TIME : 10:46 AM

ORDER NO. : 982521-205

CUSTOMER NO: 5028492

CUSTOMER: Ms. Evelyn Pelicot Bellew  
Cambrian Corporation  
1114 Avenue Of The Americas  
28th Fl.  
New York, NY 10036

FILED  
01 FEB 12 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100003674261--6

CHANGE OF AGENT

NAME: PROFESSIONAL PARTNERS, LIMITED  
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

*nk*  
*2/12*

FILED  
01 FEB 12 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
RECEIVED  
01 FEB 12 AM 11:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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. PROFESSIONAL PARTNERS, LIMITED PARTNERSHIP

Name of the limited partnership

2. April 25, 1986

Date of filing/registration in Florida

3. A22445

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:

C T Corporation System

Name

1200 South Pines Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

City, State and Zip

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

Signature of General Partner

Michael J. Sims, V.P.  
FIRST PROFESSIONAL ARTS BUILDING, CORP

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.

Corporation Service Company

Signature of Registered Agent

Carol K. Doe

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

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