

A22612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

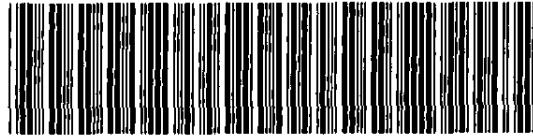
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TALLAHASSEE, FLORIDA

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12 MAY 11 AM 10: 97
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 199790, 5030949

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 35.00

ORDER DATE : May 10, 2012

ORDER TIME : 12:05 PM

ORDER NO. : 199790-008

CUSTOMER NO: 5030949

CHANGE OF AGENT

NAME: SAINT PETERSBURG PLAZA LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER: _____

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SAINT PETERSBURG PLAZA LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/23/1986

Date of filing/registration in Florida

3. A22612

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Tembeck, Bonnie

Name

2813 NE 15th Street

Address

Pompano Beach, FL 33062

City, State and Zip

5. The name and Florida street 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) is/are effective when filed by the Florida Department of State.

Joseph R. Daly
Signature of General Partner

Joseph R. Daly, Manager on behalf of St. Pete 2011 LLC, General Partner

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.

By: Grace Kirby
Signature of Registered Agent Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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