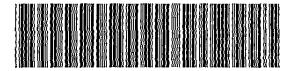
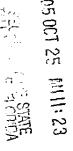
A 25173

Executive Offices (Requestor's Name)
(Requestor's Name)
1835 NE Miami Gardons Dr
#144 (Address)
NMB, FI 33179 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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* EMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Fusions 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. TOWERS of CONAL Springs, LTD
Name of the limited partnership
2. 09/14/1917 Date of filing/registration in Florida 3. A25/73 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: SHOWAND OWNER Name 2125 UNIVERSIT-DR. #350-A Address Conv. Springs, FL. 33065 City, State and Zip
5. The name and address of the new registered agent and/or office: BRIAN BENAN Name 2999 NE 1915t. 5th from Florida street address (P.O. Box not acceptable)
6. Such change(s) was/were authorized by the general partners. Signature of General Partner
A sereby 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 P 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 affice 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