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Florida Department of State

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REGISTERED AGENT CHAN

PS PARTNERS VIII, LTD., A CALIFORNIA LIMITED PARTERS

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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.

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City, State :	and Zip	₽m
Name Pine Island Road		
Florida street address (P.O.)	Box <u>not</u> acceptable)	
FI	_ 33324	
norized by the general p Corporate Gen, Partner	•	
Vico President	_	
is relative to the proper gottons of my position as registered office addre ange.	r and complete performance of my dutie	es and I am
11 - 11	Name A Pine Island Road Florida street address (P.O. City, State Island by the general in Corporate Gen. Partner Vice Precident as registered agent and also relative to the proper	Name A Pine Island Road Florida street address (P.O. Box not acceptable) Fl. 33324 City, State and Zip thorized by the general partners Copporate Gen, Partner Vico President as registered agent and agree to act in this capacity. I further agrees relative to the proper and complete performance of my duting attents of my position as registered agent. Or, if this document is a registered office address, I hereby confirm that the limited partning.

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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