A25538

Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton



CORPORATION(S) NAME		
		6000027542366 -01/26/3301001016
Holox, Ltd.		*****35.80 *****35.80
() Profit () Nonprofit	() Amendment	() Merger
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up
Name Availability Document Examiner Updater Verifier Acknowledgement W.P. Verifier	01/25/99	MY 66 MOISINIO

Florida Department of State, Jim Smith, Secretary of State

	STATEMENT OF CHANGE OF REGISTERED REGISTERED AGENT, OR BOTH
the undersigned limited partnersh	tions 620.105 and 620.1051, Florida Statutes, in organized under the laws of the state of submits the following statements.
in order to change its registered of Florida.	office or registered agent, or both, in the state of
1. The name of the limited partner	ership is:
Holox, Ltd.	
The date of filing/registration in	Florida:
November 30, 1997	
3. Document number assigned: A25538	
4. The name and address of the	present registered agent and office:
Prentice-Hall Corporation Sys	tem, Inc.
1201 Hays Street, Suite 105,	
5. The name and address of the (P.O. Box	successor registered agent and office.: not Acceptable)
С	T CORPORATION SYSTEM
c/o C T Corpora	tion System, 1200 South Pine Island Road
P	lantation, Florida 33324
Such change was authorized by	the general partners its sole general partner. General Partner
Ε	Date: 1/11/95
HAVING BEEN NAMED AS REGISTROCESS FOR THE ABOVE STANATED IN THIS CERTIFICATE, I REGISTERED AGENT AND AGR TO COMPLY WITH THE PROVIS AND COMPLETE PERFORMAND ACCEPT THE OBLIGATION OF MARKET AND COMPLETE OBLIGATION OBLI	STERED AGENT AND TO ACCEPT SERVICE OF ATED LIMITED PARTNERSHIP AT THE PLACE DESIGNEREBY ACCEPT THE APPOINTMENT AS EE TO ACT IN THIS CAPACITY. I FURTHER AGREE IONS OF ALL STATUTES RELATIVE TO THE PROPER SE OF MY DUTIES, AND I AM FAMILIAR WITH AND MY POSITION AS REGISTERED AGENT. CIT CORPORATION SYSTEM SIGNATURE: Dale W. Wowia
	(Officer) Dale W. Morris, Asst. Vice President
	(Type Name and Title of Officer)
	Date: / 20/99

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 INHSE 4 Filing Fee: \$35.00