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	Division of Co		-
	Fax Number	: (850)617-6383	
From:			2
	Account Name	: REGISTERED AGENT SOLUTIONS INC	≡
	Account Number	: I20100000062	-
	Phone	: (888)705-7274	
	Fax Number	: (888)706-7274	-
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		<u>m</u> ~	
*Enter	the email addres	s for this business entity to be used for fut 🚾 🧲	
ann	nual report maili	ngs. Enter only one email address please.**	_3.

## REGISTERED AGENT CHANGE

CONNECTICUT BROADWATER LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Help J. HARRIN

## COVER LETTER

ro: Registration Section Division of Corporations		
SUBJECT: CONNECTICUT BROAD  Name of Limited Partnership of	WATER LIM or Limited Liability	ITED PARTNERSHIP Limited Partnership
DOCUMENT NUMBER:	A2605	51
The enclosed Statement of Change of Registree(s) are submitted for filing.	ered Office and/o	or Registered Agent and
Please return all correspondence concerning	this matter to:	
Mary Castillo Contact Person		
Registered Agent Solutions, In	nc.	
	_	
1701 Directors Blvd., Ste 30	0	
Address	,″1- ,″1-	
Austin, TX 78744	• *	
City, State and Zip Code		
notices@rasi.com		
E-mail address: (to be used for future annual rep	ort notification)	<del></del>
For further information concerning this matte	er, please call:	
Mary Castillo	at ( 888 )	705-7274
Name of Contact Person	Area Code and	Daytime Telephone Number
Enclosed is a \$35.00 check made payable to	the Florida Depa	artment of State.
STREET ADDRESS:	MAILIN	NG ADDRESS:
Registration Section		tion Section
Division of Corporations		of Corporations
Clifton Building	P. O. Bo	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahas	see, FL 32314

INHS04 (01/06)

## 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.

Name of	f Limited Partnership or Li	mited Liability Limited Partnership	
2 03/0	7/1988	3. A26051	
Date of filing/regi	stration in Florida	Florida document numb	per
1. The name of the register	red agant and the registeres	office address as shown on the records o	f the Plorida
Department of State:	red agent and the registerer	Office address as shown on the records of	THE PROPERTY.
	00000017101101		
		RVICE COMPANY	
	Na	me	
	1201 HAY	SSTREET	
	Add	ress	₹ ₩
	TALLAHASS	EE, FL 32301	
		e and Zip	AR #
			A
5. The name and Florida s	treet address of the new reg	istered agent and/or office:	S 25 0
- 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1	REGISTERED AGEN	IT SOLUTIONS, INC.	mo -
<del></del>		me	
	و رب سمامه شد.		8: 34 EORIDI
	155 OFFICE PLA		ੇ ਜ਼ਿੰਜ਼ <b>ω</b>
	Florida street address (I	O. Box not acceptable)	
	TAKLAHASSEI	FL 32301	
The second second	City, Sta	and Zip	
	/ / /		
6. Such change (s) is/are e	ffective when filed by the F	lorida Department of State.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Signature of General Partn			
I hereby accept the appoin	itment as registèred agent a confett stauter vilotine to ti	nd agree to act in this capacity. I further he proper and complete performance of m	agree to
comply wun inc provisions and I am familian with an i	s of an statutes retained to n accept the obligations of m	y position as registered agent.	y united.
	<u></u>		
Signature of Registered Ag	gent		
Filing Fee:	\$35.00		