

A28228

ACCOUNTING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2033930
(Sub Account)

DATE: 4-12

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () ext ()

CONTACT NAME:

CORPORATION NAME: DMC Regency Residence, Ltd.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)

☐ CERTIFICATE OF STATUS (1-9)

☒ PLAIN STAMPED COPY

000005257300--3

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:30
() Pick Up

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR 12

RECEIVED

02 APR 12 AM 11:55

Charge R.A. Filing

**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.

1. DMC REGENCY RESIDENCE, LTD.

Name of the limited partnership

2. 4-18-89

Date of filing/registration in Florida

3. A28228

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:

LAWRENCE J. BAILIN

Name

ONE TAMPA CITY CENTER

Address

TAMPA, FL 33601

City, State and Zip

5. The name and address of the new registered agent and/or office:

LEXIS DOCUMENT SERVICES INC.

Name

3953 W.W. KELLEY RD.

Florida street address (P.O. Box not acceptable)

TALLAHASSEE

FL 32311

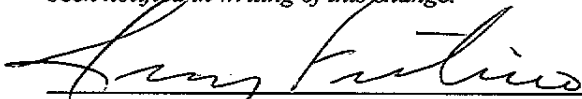
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

TVO Regency, Inc.

By: Cheryl Charnas, authorized signatory
Signature of 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. Or, if this document is being filed merely to reflect a change in the registered office 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**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 APR 12