Jil Price A28443

SHUMACKER & THOMPSON ATTORNEYS AT LAW

City Juit(Zip

A PROFESSIONAL CORPORATION

CBL Center, Suite 210 2030 Hamilton Place Boulevard Chattanooga, Tennessee 37421 Telephone (423) 855-1814 Telecopier (423) 899-1278

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Thore #

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in ☐ Pick up time Mail out Will wait □ Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS REGISTRATION/QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership

> Reinstatement Trademark Other

> > Examiner's Initials

FILED

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. CBL/Brushy Creek Limited Partnership	
Name of the limited partnership	
2. June 7, 1989 3. A28443	_
Date of filing/registration in Florida Document number ass	igned
4. The name of the registered agent and the registered office address as shown on to Department of State:	
<u>CBL/Jacksonville, Inc. c/o Lakeshore M</u> al Name	.1 -
901 U.S. Highway 27 North, Suite 68	
Address	25 25
Sebring, Florida 33870-2130	FEB
City, State and Zip	(10.30)
5. The name and address of the new registered agent and/or office:	2 AMIO: RY OF ST SEE, FLO
CT Corporation System	
Name	
1200 South Pine Island Road	
Florida street address (P.O. Box not acceptable)	
Plantation, FL 33324	
By: MyV. sole ge	dings I, Inc., its neral partner
Signature of the refal Partner Jeffery V. Curry, Assistant Seretary	
I hereby accept the appointment as registered agent and agree to act in this capacity, with the provisions of all statutes relative to the proper and complete performance familiar with and accept the obligations of my position as registered agent. Or, if the merely to reflectly change in the registered office address, I hereby confirm that the been notified in writing of this change.	e of my duties, and I am
	_
Signature of Registered Agent AUSTUMAN AUSTUMAN AUSTUMAN	
Make checks payable to Florida Department of State and ma	ail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32 Filing Fee: \$35.00	