

**A30500**Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000194266 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368**FILED**  
2009 SEP -2 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**REGISTERED AGENT CHANGE****FLORIDA RSA NO. 2B (INDIAN RIVER) LIMITED PARTNERSHI**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

**C. LEWIS**

SEP 3 2009

**EXAMINER****RECEIVED**

09 SEP -2 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**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.

1. Florida RSA No. 2B (Indian River) Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/17/1990 3. A30500  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Name

1201 HAYS STREET, SUITE 105

Address

TALLAHASSEE, FL 32301

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation, FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
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.*

Connie Bryan  
Signature of Registered Agent

**Connie Bryan**  
**Assistant Secretary**

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

**FILED**  
2009 SEP -2 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA