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| To: | Division of Corporations Fax Number : (850)617-6383 | | |
|-----|---|---|---------------------|
| an | Account Name : ROGERS, TOWERS, Account Number : 076666002273 Phone : (904)398-3911 Fax Number : (904)396-0663 the email address for this busines inual report mailings. Enter only or mail Address: REGISTERED AGEN PENMAN PLAZA ASSO | s entity to be used fo ne email address please | 18 FEB - 7 AH SI L9 |
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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

2

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 | Penman Plaza Associates, LLLP | | | | | | |
|--|-------------------------------|-------------------------|--------|--|--|--|--|
| Name of Limited Partnership or Limited Liability Limited Partnership | | | | | | | |
| 2 | 10/26/1990 | 3. | A30743 | | | | |
| 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:

| | Robert H. Pritchard |
|-----|------------------------------------|
| | Name |
| 130 | 1 Riverplace Boulevard, Suite 1500 |
| +4+ | Address |
| | Jacksonville, FL 32207 |
| | City, State and Zip |

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

| Beverly A. Pasc | Beverly A. Pascoe, Name 1301 Riverplace Boulevard, Suite 1500 | |
|--|---|----------------------|
| Name | | |
| 1301 Riverplace Boulevard | | |
| Florida street address (P.O. Box | Florida street address (P.O. Box not acceptable) | |
| Jacksonville | FL32207 | |
| City, State and Zi | City, State and Zip | |
| g(s) is/are effective-when filed by the Florida Department of State. | | 0170 0170 0180 |

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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 an accept the obligations of my position as registered agent.

in. Signature of Registered Agen

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