

Document Number Only

A93000000029

CT Corporation System

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

500002546045--7
-06/03/98--01061--009
*****35.00 *****35.00

Jacksonville Avenues Limited Partnership

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger ☐ Foreign ☐ Dissolution/Withdrawal ☐ Limited Liability Company ☐ Limited Partnership ☐ Annual Report ☐ Other ☐ Reinstatement ☐ Name Registration ☒ Change of R.A. ☐ Fictitious Name ☐ UCC-1 Financing Statement ☐ UCC-3 Filing ☐ Certified Copy ☐ Photo Copies ☐ CUS ☐ Call When Ready ☒ Call if Problem ☐ After 4:30 ☐ Walk In ☐ Will Wait ☒ Pick Up

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6/3

Hope

Florida Department of State, Jim Smith, Secretary of State

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 organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. The name of the limited partnership is:

Jacksonville Avenues Limited Partnership

2. The date of filing/registration in Florida:

1.8.93

3. Document number assigned:

A93000000029

4. The name and address of the present registered agent and office:

Prentice - Hall Corporation System,
110 N. Magnolia St.

Tallahassee, Florida 32301

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)

C T CORPORATION SYSTEM

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

SIGNATURE: [Signature]

General Partner

Date: 5/29/98

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

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SIGNATURE: [Signature]

(Officer)

Jeffrey R. Graves, Assistant Secretary

(Type Name and Title of Officer)

Date: 5/21/98

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE 4

Filing Fee: \$35.00

(FLA. LP 2824 - 2/1/92)