

A94000000077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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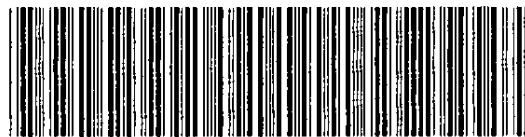
(Business Entity Name)

(Document Number)

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2010 JUL 21 AM 10:43  
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RECEIVED  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
10 JUL 21 PM 12:53

B. KOHR

JUL 21 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 444235 7736905

AUTHORIZATION

COST LIMIT : \$ 35.00

*[Handwritten signature]*

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DIVISION OF CORPORATIONS  
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ORDER DATE : July 12, 2010

ORDER TIME : 9:22 AM

ORDER NO. : 444235-071

CUSTOMER NO: 7736905

CHANGE OF AGENT

NAME: CMS CORDOVA REGENCY  
ASSOCIATES, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER: \_\_\_\_\_

**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.

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18 JUL 21 PM 12:53

1. CMS CORDOVA REGENCY ASSOCIATES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/13/1994

Date of filing/registration in Florida

3. A94000000077

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

City, State and Zip

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

Blanca Lozada

Signature of General Partner

Blanca Lozada, Attorney in Fact on behalf of CMS Cordova GP, L.P., 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.*

Grace E. Kirby

By:

Signature of Registered Agent

Grace E. Kirby, Assistant VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50