

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE 1177 KANE CONCOURSE PARTNERSHIP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A94000000725

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Margot Mullin

Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City, State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin

at (888) 705-7274

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

17 MAR 22 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. THE 1177 KANE CONCOURSE PARTNERSHIP, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/26/1994 Date of filing/registration in Florida
3. A94000000725 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:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301
City, State and Zip

17 MAR 22 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Registered Agent Solutions, Inc.
Name
155 Office Plaza Dr., Suite A
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.

[Signature]
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.

[Signature] Justine Karnell
Signature of Registered Agent Assistant Secretary

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