000002836330--7 -04/12/99--01104--006 *****35.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time ■ Walk in Photocopy Certificate of Status **□** Will wait ☐ Mail out AMENDMENTS NEW FILINGS Profit Amendment Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS **QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials CR2E031(1/95)

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

| 1. WINDSOR W. | ALK ASSOCIATES | S, LTD. | | _ | |
|---|---|--|--------------------------------------|----------------|-------------------------|
| | Name | of the limited partnership | | | · |
| 2. 04/07/1995 Date of filing/regis | ration in Florida | -3. A9500000 Docu | 0558 ment number assign | ned_ | . |
| 4. The name of the regis Department of State: | stered agent and the re | egistered office address as | shown on the re- | cords c | of the Florida |
| Department of State. | GARY SIN | IGER | - | <u>-</u> | - |
| | 6305 WES | Name STWOOD BLVD, SUI | TE 200 | . <u> </u> | - |
| | *** | Address | | = | |
| • | ORLANDO, | FL 32821 City, State and Zip | | : ' | |
| 5. The name and address of the new registered agent and/or office: | | | | <u>-</u> | 99 AI SEOR |
| | GARY SING | ER | | | |
| | | Name | | - == | |
| ; | 2901 W STATE R | ROAD 434, SUITE | 141 | _ | 112 PM 5: ARY OF STA |
| | Florida street add | dress (P.O. Box not accept | table) | | |
| j | LONGWOOD, | FL 32779 | | ; | 製造 😞 |
| | | City, State and Zip | | | A O |
| 6. Such change(s) was/v | vere authorized by the | general partners. | | - | |
| | | | | | |
| Signature of General Paymer | GARY SINGER | | | * : | |
| PRESIDENT I hereby accept the app comply with the provisio I am familiar with and | ns of all statutes relations accept the obligations flect a change in the | ELOPMENT CO. GET d agent and agree to act tive to the proper and con s of my position as regis e registered office addres s change. | mplete performan stered agent. Or | nce of n | my duties, and |
| [my] | | | | | |
| Signature of Registered Agen | t GARY SINGE | IR | - | ÷ | |
| υ Divi | sion of Corporations | s, P.O. Box 6327, Tallah | assee, FL 32314 | Į. | |

Filing Fee: \$35.00