

A95000001234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

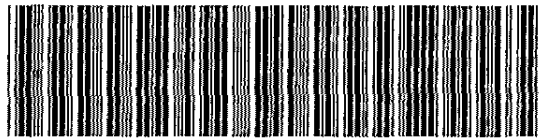
(Document Number)

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FILED

04 SEP -3 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

04 SEP -3 PM 1:40

DEPT. OF STATE  
REGISTRARS  
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: ED

DATE: 09/03/04

REF. #: 1141.28454

CORP. NAME: ARCHIVE AMERICA, LIMITED

FILED  
04 SEP - 3 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |                                                            |                                                 |                                                  |
|------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION         | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                     | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION             | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                     | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION       |                                                 |                                                  |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF AGENT |                                                 |                                                  |

STATE FEES PREPAID WITH CHECK# 005592 FOR \$ 35.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |                                                |                                                       |                                                        |
|------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |                                                       |                                                        |

Examiner's Initials

**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. ARCHIVE AMERICA, LIMITED

Name of the limited partnership

2. 08/17/95

Date of filing/registration in Florida

3. A95000001234

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

AAG GENERAL, INC.

Name

9350 S. DIXIE HWY, SUITE 900

Address

MIAMI, FL 33156

City, State and Zip

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

CORPDIRECT AGENTS, INC.

Name

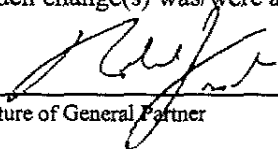
103 N. MERIDIAN ST.

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

TALLAHASSEE, FL 32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

  
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**