

A96000000792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

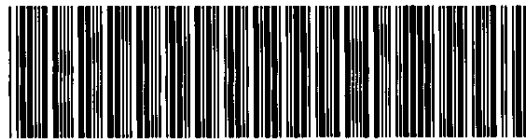
(Business Entity Name)

(Document Number)

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06 MAY 24 PM 1:43
DIVISION OF CORPORATION

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 122898 5170790

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : May 22, 2006

ORDER TIME : 10:57 AM

ORDER NO. : 122898-145

CUSTOMER NO: 5170790

CHANGE OF AGENT

NAME: CAPITAL RESOURCES SOUTHEAST,
LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

EXAMINER: _____

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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. CAPITAL RESOURCES SOUTHEAST, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/25/1996

Date of filing/registration in Florida

3. A96000000792

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:

Lynn C. Washington

Name

c/o Holland & Knight, 701 Brickell Avenue, Suite 3000

Address

Miami, FL 33131

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

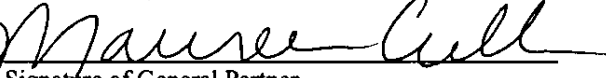
Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

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



Signature of General Partner

Maureen Cullen, Attorney in Fact

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.

By: 

Signature of Registered Agent

Elizabeth A. Dawson, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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