A9600002349

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

ACC	OUNT NUMBER	R: <u>FCA-000000</u>	0017	
	ERENCE: Account)		<u>. </u>	2000,02,622,942
DATI	E: 801	H(98	· .	-08/24/9801046014 ****210.00 *****35.0
REQ	UESTOR NAME	CARLTO	ON FIELDS	
ADDI	RESS:	P. O. BOX 190		AUG 24 ASSE
	_		SEE, FL 32302	
TELE	EPHONE:	_ (850) 224	-1585	5, 7
CON	TACT NAME:	AILSA		
CORPORATION NAME:				98 NG 2
				SSEE F
	TY NUMBER: plicable)			
AUTI	HORIZATION:	Ailsa	Ancheta.	· · · · · · · · · · · · · · · · · · ·
	Certified Copy (1	-9) _	UCC'S	Certificate of Status
_	New Filings		Plain Stamped Copy	Annual Report
_	Fictitious Name		Amendments_	Registration
() (v)	Call When Ready Walk In Mail Out		Call if Problem Will Wait	() After 4:30 () Pick Up

Y#58890.1

Statement of change of registered agents (6).

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. Columbus Warehouse Property, Ltd. Name of the limited partnership Document number assigned Date of filing/registration in Florida 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Lewis B. Pollak, Jr. Name 3335 Chantarene Drive Address 32507 Pensacola, FL City, State and Zip 5. The name and address of the new registered agent and/or office: Lewis B. Pollak, Sr. Name 6730 Epping Way, N. #107 Florida street address (P.O. Box not acceptable) Jacksonville, City, State and Zip 6. Such change(s) was/were authorized by the general partners. Columbus Warehouse Management, Inc. Lewis B. Pollak, Sr., President 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.

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00