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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED | LED OFFICE OR REGISTERED AGENT, OR BOTH 03 MAY 16 PM | 2: 21

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 IF STATE registered agent, or both, in the state of Florida.

| 1. | FRANK & NICKY REAL PROPERTY INVESTMENTS, LTD | |
|--|---|--|
| | Name of the limited partnership | |
| 2. | 02/04/1997 3. <u>A97000000312</u> | |
| | Date of filing/registration in Florida 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: | |
| | COBER CORPORATE AGENTS, INC. | |
| | Name <u>2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR</u> Address | |
| | MIAMI, FL 33133 | |
| | City, State and Zip | |
| 5. | The name and address of the new registered agent and/or office: | |
| | CFRA, LLC | |
| | Name ONE HARBOUR PLACE, 5 TH FLOOR | |
| | Florida street address (P.O. Box <u>not</u> acceptable) | |
| | 777 SOUTH HARBOUR ISLAND BLVD | |
| | TAMPA, FL 33602-5730 | |
| | City, State and Zip | |
| 6. | Such change(s) was/were authorized by the general partners. | |
| | | |
| Sig | nature of General Partner | |
| | | |
| agn per reg off | ereby accept the appointment as registered agent and agree to act in this capacity. I further ree to comply with the provisions of all statutes relative to the proper and complete formance of my duties, and I am familiar with and accept the obligations of my position as sistered agent. Or, if this document is being filed merely to reflect a change in the registered ice address, I hereby confirm that the limited partnership has been notified in writing of this unge. | |
| | | |
| Sig | nature of Registered Agent J. Winders Vice President 5-14-03 | |
| | 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