DOCUMENT # A9700000626 1. Entity Name				EU EO		
FACS RECORDS LIMITED PARTNERSHIP				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 4501 ACLINE STREET TAMPA FL 33605 Mailing Address 4501 ACLINE STREET TAMPA FL 33605					.00 APR 17 AM11: 43	
2. Principal Place of Business Blvd 4758 Oak Fa Suite, Apt. #, etc. 3. Mailing Address 4758 Oak Fa			air	Blud	DO NOT WRITE IN THIS SPACE	
City & State City & State Lampla, F2 Lampla, F2					4. FEI Number 91-1788195 Applied For Not Applicable	
3361	Country	33610	Count	ry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Current F			Name	7. Name and Address of New Registered Agent	
NEUKAMM, JOHN				Street Address (P.O. Box Number is Not Acceptable)		
100 NORTH TAMPA STREET, SUITE 1900 TAMPA FL 33602						
				City FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or	registered agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd tritle if applicable. (NOT)	E: Registered	Agent signatur	e required when reinstating) DATE	
9. Capital Contributions \$100.00 10. Amount of Capital Con				utions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown o	A GENERAL PARTNER TH	in FLORIDA to d	ITITY MU	JST BE R	SEE REVERSE SIDE FOR FEE INFORMATION EGISTERED AND ACTIVE WITH THIS OFFICE. Idment must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.			
DOCUMENT# NAME	L36685 FACS RECORDS CENTER (FLORIDA), INC. 4501 ACLINE STREET TAMPA FL 33605		STREE	ET ADDRESS	4758 Oak Fair Blud	
STREET ADDRESS CITY - ST - ZIP			слү-	ST-ZIP	Tampa FL 33610	
DOCUMENT# NAME	P97000019331 FACS SUBCO, INC.		STREE	ET ADDRESS	4758 Oak Fair Blud	
STREET ADDRESS CITY - ST - ZIP	4501-ACLINE-STREET TAMPA FL 33605		спу-	ST-ZEP	Tampa, PZ 33610	
DOCUMENT# NAME			STREE	TADDRESS	1	
STREET ADORESS CITY-ST-ZIP			слу-	ST-ZIP	700032116678 -04/17/0001129030 ****441.25 ****141.25	
DOCUMENT# NAME			STREE	T ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-	ST-ZIP		
DOCUMENT# NAME			STREE	ET ADDRESS		
STREET ADDRESS CTTY+ST-ZIP			CITY-	ST-ZIP		
Document# Name			STREE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP		1		ST-ZIP		
14. I hereby of indicated the receiv	ertify that the information supplied with on this report is true and accurate and t er or trustee empowered to execute this IFACS/RCCA	this film does not qualify fo hat my signature shall have report as required by Chap	the exented the same of the factor of the same of the factor of the fact	nption state legal effectiorida State	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information t as if made under oath; that I am a General Partner of the limited partnership or ites	

Stuar Hunter, Vice President