

A97000001584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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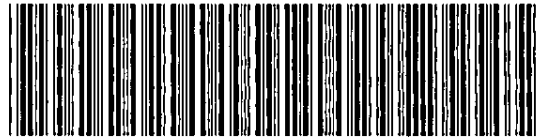
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE

APPROVED
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14 FEB 24 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 25 2014

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 020352 7492237

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : February 19, 2014

ORDER TIME : 1:15 PM

ORDER NO. : 020352-005

CUSTOMER NO: 7492237

CHANGE OF AGENT

NAME: EPNG BUILDING II, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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AND
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14 FEB 24 AM 9:38

SECRETARY OF STATE
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. EPNG BUILDING II, LTD
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/15/1997 3. A97000001584
Date of filing/registration in Florida 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:

HERRICK, NORTON
Name
2295 CORPORATE BLVD. NN.W. SUITE 222
Address
BOCA RATON, FL 33431
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]
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.

By: [Signature]
Signature of Registered Agent

Robert O'Byrne
Vice President

Filing Fee: \$35.00
Certified Copy (optional): \$52.50