

A97000001919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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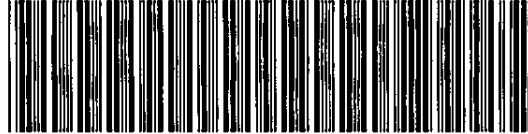
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 13 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WINTER PARK TOWN CENTER, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000001919

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JILL PROBST  
Contact Person  
NATIONAL SERVICE INFORMATION, INC  
Firm/Company  
145 BAKER ST  
Address  
MARION, OHIO 43302  
City, State and Zip Code  
JILL@NSII.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL PROBST at ( 740 ) 387-6806  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. WINTER PARK TOWN CENTER, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/05/1997 3. A97000001919  
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:

INTRSTATE REGISTERED AGENT CORPORATION  
Name  
200 SOUTH ORANGE AVENUE, SUITE 2600  
Address  
ORLANDO, FL 32801  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

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

By: CIP/SPF Holding Company II, LLC, By: CIP Holding Corporation  
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.*  
NRAI Services, Inc.

by: Cheryl P. 1004 Asst. Secretary  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

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