

A9 7006002165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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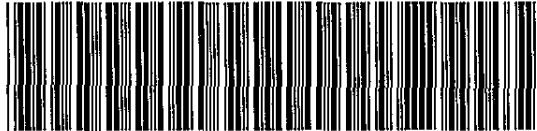
(Business Entity Name)

(Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 421145 7376054
AUTHORIZATION : *Patricia Pigute*
COST LIMIT : \$ 35.00

FILED
04 FEB -4 PM 6:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 2, 2004

ORDER TIME : 1:20 PM

ORDER NO. : 421145-650

CUSTOMER NO: 7376054

CUSTOMER: Mr Chris A. Price
Cbl & Associates Properties,
Suite 500
2030 Hamilton Place Blvd.
Chattanooga, TN 37421

CHANGE OF AGENT

NAME: SAND LAKE CORNERS LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi -- EXT# 2932

EXAMINER: _____

**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.

1. SAND LAKE CORNERS LIMITED PARTNERSHIP

Name of the limited partnership

2. October 6, 1997

Date of filing/registration in Florida

3. A97000002165

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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

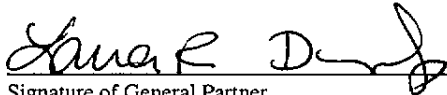
Tallahassee

FL

32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

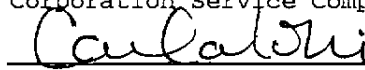


Signature of General Partner

Laura R. Dunlap, Attorney in Fact

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.

Corporation Service Company



Signature of Registered Agent

Carla Lohi
Asst. Vice President

**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**