

A98 000000251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

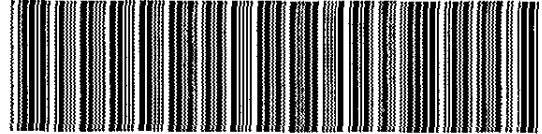
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

Office Use Only



800008505398

DIVISION OF CORP. REGISTRATION

02 OCT 24 AM 11:54

RECEIVED

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(Sub Account)

DATE: 10/24
REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____ - ____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: _____

DOCUMENT NUMBER: A98-251
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

Chg. RA
for LP
35.00

☒ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready	() Call if Problem	() After 4:30
() Walk In	() Will Wait	() Pick Up
() Mail Out		

**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. TCC - PB I, Ltd.
Name of the limited partnership

2. 1/27/1998 Date of filing/registration in Florida 3. A98000000251 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:

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2525
City, State and Zip

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

LexisNexis Document Solutions Inc.
Name
3953 W. W. Kelley Road
Florida street address (P.O. Box **not** acceptable)
Tallahassee, FL 32311
City, State and Zip

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

[Signature] on behalf of Rebecca Savino, Trammell Crow Company
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. 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.

[Signature] Assistant Secretary for LexisNexis Document Solutions Inc.
Signature of Registered Agent

**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**