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(Re	questor's Name)	<u> </u>		
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone) #)		
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TALLAHASSEE, FLORIDA

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	AUTHORIZATION	:	Potal	cia mi	大器	22
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ORDER TIME :	10:25 AM				7	
ORDER NO. :	813709-805					
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	CHANGE OF AC	<u>gen</u>	Ţ			
NAME:	TCC-PB I, LTD	•				
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FIL	ING:		
	FIED COPY STAMPED COPY					
CONTACT PERSON	J. Carla E Lohi		EVE## 2022			

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.TCC-PB I, LTD.	
Name of the limited partnership	
2.January 27, 1998 3.A98000000251	
Date of filing/registration in Florida 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:	
LexisNexis Document Solutions Inc.	
1201 Hays Street	П
Address	
Tallahassee, FL 32301	-
City, State and Zip	m
5. The name and address of the new registered agent and/or office:	J
Corporation Service Company Name	
Nanje	
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.	
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Lamal De	
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 an	2
familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed	Į.
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.	;
` Carla Lohi	
Corporation Service Company Asst. Vice President	
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