

A98000000565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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[Signature]

**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. CAMPUS CLUB OF TALLAHASSEE, LTD.
Name of the limited partnership
2. 3/22/1998
Date of filing/registration in Florida
3. A98000000565
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:
DAVID F. FORT
Name
4900 SW 91ST TERRACE, SUITE USA
Address
GAINESVILL, FL 32608
City, State and Zip
5. The name and address of the new registered agent and/or office:
DENNIS FULLER
Name
536 N. MONROE ST
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

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 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**

05 OCT 22 11:11:30
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