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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

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REGISTERED AGENT CHANGE VANDERBILT PARTNERS II, LTD.

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11/9/2012

CT CORPORATION

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13:61 2102/60/11

COVER LETTER

TO:		on Section of Corporations	3				•		
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. 50,00	,	Name of Limit					ited Partnership		
DOC	DOCUMENT NUMBER:			A98000001139					
		ement of Chan ed for filing.	ge of Regis	etered (Office a	ind/or R	ogistered Agent and		
Please	return all c	orrespondence	concerning	g this n	vattor to	o:	•		
		Deb Fan	ini						
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		Soave Enterpris	sos L.Ľ.C.						
N		Firm/Comp	any			→ .			
		3400 E. LAFA	YETTE						
		Addres	\$						
		DETROIT M	48207				•		
		City, State and 2	ip Code			_	•		
			@sonve.com		•		•		
E-	mail address:	(to be used for fur	ure annual re	port not	fleation)	•		
For fur	ther inform	ation concerni	ng this matt	er, ple	ase call	:			
	· п	eb Fantini		at (313)	567-0125 x235		
	Name of Cor	itact Person		Ār	za Code	and Dayt	line Telephone Number		
Enclose	ed is a \$35.	00 check made	payable to	the Fk	orida D	epartme	ent of State.		
STRE	ET ADDRI	SS:			MAI	LING A	DDRESS:		
Registration Section			Registration Section						
Division of Corporations				Division of Corporations					
Clifton Building					P. O. Box 6327				
2661 Executive Center Circle					Tallal	assee, I	FL 32314		
Tallaha	ssee, FL 3	2301				•	-		

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INHS04 (01/06)

FL046 - 05/07/2009 C 'Y System Cletting

SECRETARY OF STATE

13:21 2102/60/11

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.	· VANDERBII	T PARTNERS	II, LTD.			
	Name of Limited Partnership of	r Limited Liabil	lity Limited Partnersh	цр		
2.	05/08/1998	3.	A980000	001139	٠,	
	Date of filing/registration in Florida	·	Florida docume	ent number		
	he name of the registered agent and the regist rtment of State:	ered office addr	ess as shown on the n	ecords of the Florida		•
	ATHAN	G. HELEN ES	Q			
		Name				• .
	5551 RIDGE	WOOD DR., ST	'E 501	. IA	A	
		Address	·		SEC. 12.	
	NAPLE	S FL 34108 US		A P	n 😐	7:
	City.	State and Zip		IASS	7-9 1-9	-m_ =
5. T	ne name and Florida street address of the new	registered agen	t and/or office:	SEE,	`	E A A
	C T Con	odretion System		ار ا		ָרָייַ רַייַ
		Name		ORI ORI	· · ·	
	1200 South	Pine Island Ro	ad	3> D(r	7 00	
	Florida street addres	s (P.O. Box not	acceptable)	•		
	Plantation,	•	FI 33324			
	City,	State and Zip				
Signa I here compliand I	the change(s) is an effective when filed by the ture of General Partner Michael by accept the appointment as registered agenty with the provisions of all statutes relative to am familiar with an accept the obligations of	e Florida Depar	P. of CG45 set in this capacity. I	further agree to	ic, its	- Partner
	g Fee: \$35.00 ified Copy (optional): \$52.50			<i>:</i>		

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