| (Re                       | equestor's Name)    |                   |
|---------------------------|---------------------|-------------------|
|                           | Tech Solu           |                   |
| 1410 N. Westshore         | Blvd. 🛦 Suite 600 🛦 | ▲ Tampa, FL 33607 |
| (Cit                      | y/State/Zip/Phone   | e #)              |
| PICK-UP                   | ☐ WAIT              | MAIL MAIL         |
| (Bu                       | siness Entity Nan   | ne)               |
| (Do                       | cument Number)      |                   |
| Certified Copies          | _ Certificates      | of Status         |
| Special Instructions to I | Filing Officer:     |                   |
|                           |                     |                   |
|                           |                     |                   |
|                           |                     | 12/12/            |
|                           | Office Use Onl      | v Maria           |



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12/05/03--01007--002 \*\*35.00

## 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                         | ASI Partners 1+2. Name of the limited partnership   |               |                 | _           |
|---------------------------|---|---------------|-----------------|-------------|
| 2                         | 9/28/1998 Date of filing/registration in Florida  3. A98 00000000000000000000000000000000000  |               |                 | <del></del> |
| 4. Th                     | Brian Nugent  Brian Nugent  14D N. Westshore Blud., Suitclood  Address  Tampa, FL 33607  City, State and Zip  | SECAL         | Tithe FI 03 DEC | lorida      |
| 5. Th                     | David D. Volpi  Name  140 Al Westshare Rivd. Stufe 600  Florida street address (P.O. Box not acceptable)  100000000000000000000000000000000000  | ASSEE FLORIDA | -5 PHI2: 09     |             |
|                           | City, State and Zip sch change(s) was/were authorized by the general partners.  The of General Partner  |               |                 | -<br>·      |
| with t<br>famili<br>merel | the provisions of all statutes registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of a liar with and accept the obligations of my position as registered agent. Or, if this docay to reflect a change in the registered office address, I hereby confirm that the liminatified in writing of this change. | mv duti       | es an           | d I an      |

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

Signature of Registered Agent