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DIVISION OF CURRENT SINE

COVER LETTER

Division of Corporations SUBJECT: S Clark Butler Properties Ltd., a Florida Limited Partnership Name of Limited Partnership or Limited Liability Limited Partnership DOCUMENT NUMBER:__ A98000002726 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Cynthis Croom Contact Person **Butler Enterprises** Firm/Company 3217 SW 35th Blvd Address Gainesville FL 32608 City, State and Zip Code corporate@butlerenterprises.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 352 372-3581 X317
Area Code and Daytime Telephone Number Cynthia Croom Name of Contact Person Neitud Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Registration Section

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.

	utler Properties, Ltd				
Nam	e of Limited Partnership or Lin	tited Liability I	imited Partnersh	пр	
212	/10/1998	3	A98000	002726	
Date of filing/r	egistration in Florida		Florida docum	ent number	
4. The name of the regi Department of State:	istered agent and the registered	office address	as shown on the i	records of the Florida	
	Presnic	k, Cory			
-	Nan				
_	3217 SW	35th Blvd		34.813 31	
	Addr	ess		SEP SEP	
Gainesville FL 32608					
-	City, State	and Zip		§ -0	
5. The name and Florid	la street address of the new regi	stered agent an	d/or office:	17 SEP -7 PH 12: 45	
	Deborah .	J. Butler		· · · · · · · · · · · · · · · · · · ·	
Name					
3217 SW 35th Blvd					
Florida street address (P.O. Box not acceptable)					
	Gainesville	FI	32608		
	City, State	and Zip			
6. Such change(s) is/ard Signature of General Pa	e effective when filed by the Fl	orida Departme	ent of State.		
comply with the provisi	ointment as registered agent ar ons of all statutes relative to the an accept the obligations of my	e proper and co	mplete performa		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50