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4901 Tamiami Trail North Naples, FL 34103-3010 Florida / USA

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CORPORATION NAME(S) & DOC ,	UMENT NUMBER(S), (II	snown): 500003510 -12/21/00-	1 <b>785</b> ——8 01079—006 *****35.00
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NEW FILINGS	<b>AMENDMENTS</b>		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R Change of Regist Dissolution/With Merger	drawal	
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>	1920
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	nip C	1-1920

**Examiner's Initials** 

## 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. Provence 1601, L+a.  Name of the limited partnership		<u> </u>		
3. A 990000197	٥			
Date of filing/registration in Florida Document number assig	ned			
4. The name of the registered agent and the registered office address as shown on the Department of State:		is of the	Florio	đа
Name				
4001 Tamiami Trail 100 Hy H	565			
Naples, FL 34103	<del></del>	a week		
City, State and Zip			3	
5. The name and address of the new registered agent and/or office:	7 -		030	
U.S. Investor Services, Inc.		7.20	2	
USOI Tamiami Trail North Florida street address (P.O. Box not acceptable)	<del></del>		ů E	EO
Naplos FL 34103-3010  City, State and Zip	<del></del>		000	
6. Such change(s) was/were authorized by the general partners.				
Signature of General Partner	215			
Thereby accept the appointment as registered agent and agree to act in this capacity, with the provisions of all statutes relative to the proper and complete performance familiar with and accept the obligations of my position as registered agent. Or, if the merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	I furth e of my is docu ie limite	er agree y duties, ment is l ed partn	to cor and l being j ership	nply I am filed has
peen nougea in writing of this change.	•			
whiles				
Signature of Registered Agent	Second	Sec. 19	•	
	i +			

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