

A 990000002122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

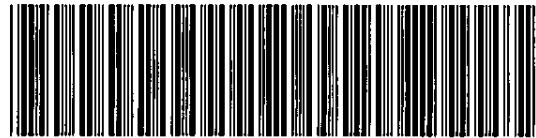
(Document Number)

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CT Corporation System

1203 Governors Square Blvd, Suite 101, Tallahassee 850-222-1092

Various LP Change of Agents

☐ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☐ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☒ Limited Partnership	☐ Annual Report	☐ Other
☐ LLC	☐ Name Registration	☒ Change of RA
	☐ Fictitious Name	☐ UCC
☐ Certified Copy	☐ Photocopies	☐ CUS
☐ Call When Ready	☐ Call If Problem	☐ After 4:30
☒ Walk In	☐ Will Wait	☒ Pick Up
☐ Mail Out		

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JM

Order#: 6898392 SO

Ref#: _____

Amount: \$ _____

**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. Windrose Columbia Properties, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/17/99

Date of filing/registration in Florida

3. A99000002122

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Creations Network, Inc.

Name

11380 Prosperity Farms, Rd., #221E

Address

Palm Beach Gardens, FL 33410

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Erin Ibele

Signature of General Partner

Erin Ibele, WMPT Columbia Management, LLC

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.

Diane Stout

Diane Stout, Asst. Secretary

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FLORIDA

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