

300000000243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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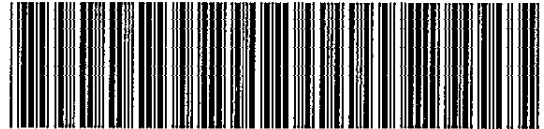
(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*NR*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 091913 4983A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 13, 2003

ORDER TIME : 2:30 PM

ORDER NO. : 091913-115

CUSTOMER NO: 4983A

CUSTOMER: Marilyn Adelman  
Cozen O'Connor, P.C.  
1900 Market Street  
The Atrium  
Philadelphia, PA 19103

CHANGE OF AGENT

NAME: SJS - 2301 FOWLER AVE., L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Troy Todd

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**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. SJS - 2301 FOWLER AVE., L.P.  
Name of the limited partnership

2. August 14, 2000  
Date of filing/registration in Florida

3. B00000000243  
Document number assigned

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

CT Corporation System  
Name  
1200 South Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box **not** acceptable)  
Tallahassee FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Maureen Cullen  
Signature of General Partner

Maureen Cullen, Attorney-in-Fact

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company

Dorothy Tenshaw  
Signature of Registered Agent Dorothy Tenshaw, Asst. VP

**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**