



B01000000164

ACCOUNT NO. : 072100000032

REFERENCE : 221782 7157239

AUTHORIZATION : *Patricia Pugh*

COST LIMIT : \$ 35.00

FILED
01 JUL 16 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 13, 2001

ORDER TIME : 9:13 AM

ORDER NO. : 221782-025

CUSTOMER NO: 7157239

200004477252--1

CUSTOMER: Ms. Vicky Manus
Wood Partners Llc
Suite 150
1110 Northchase Pkwy
Marietta, GA 30067

CHANGE OF AGENT

NAME: ALTA CHASE, L.P.

BK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

RECEIVED
01 JUL 16 AM 11:24
DIVISION OF CORPORATION

**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. ALTA CHASE, L.P.

Name of the limited partnership

2. 05/08/2001

Date of filing/registration in Florida

3. B01000000164

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:

Jason McArthur

Name

2700 N. Military Trail

Address

Boca Raton, FL 33431

City, State and Zip

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)

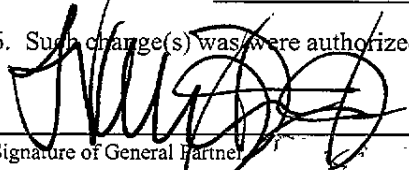
Tallahassee

FL

32301

City, State and Zip

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


Signature of General Partner

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


Signature of Registered Agent

Deborah D. Skipper
Asst. Secretary

**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**

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