



B01000000210

ACCOUNT NO. : 072100000032

REFERENCE : 774643 4983A

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 35.00

ORDER DATE : October 8, 2002

ORDER TIME : 12:03 PM

ORDER NO. : 774643-020

CUSTOMER NO: - 4983A

CUSTOMER: Ms. Thersea Cooke
Cozen O'Connor, P.c.
The Atrium
1900 Market Street
Philadelphia, PA 19103

RECEIVED
02 OCT 11 PM 12:58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CERTIFICATION
TALLAHASSEE, FL 32310

AL

CHANGE OF AGENT

700008337267--5

NAME: SJS - WEST PALM BEACH, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

**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-WEST PALM BEACH, L.P.
Name of the limited partnership

2. 06/18/2001 3. B01000000210
Date of filing/registration in Florida 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

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 Anne M. Martin, Asst. Vice President

**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**