B0100000210

Anthony T. Lepone Esq PY (Requestor's Name)	}
PO POX 82310102 (Address)	
(Address)	
South Fl Drida, Fl 32082-366 (City/State/Zip/Phone #)	,9
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



700059547177

09/15/05--01017--027 **35.00

DIVISION OF CORPORATIONS

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,	, LP		
	Name of the limited partnership		
2. June 18. 2001	3 B0100000210		· • • • • • • • • • • • • • • • • • • •
Date of filing/registration in Florid	a Document number	er assigned	
	and the registered office address as shown	on the records of th	ne Florida
Department of State: Corporation	on Service Company		e e
	Name		
1201 Hay	s Street	.	
	Address	<u></u>	
Tailahass	ee, FL 32301	, we can represent a	
	City, State and Zip		VISION O
5. The name and address of the new	registered agent and/or office:		
Steven A. S	antolla		5
	Name		₹ 85°
2455 E. Sur	rise Blvd, Suite AR-1	t er er	AN IO
Florid	la street address (P.O. Box not acceptable)		မ္တ
Fort Lauderd	ale <u>FL</u> 33304	<u> </u>	। (१ ५,७४४
	City, State and Zip		
Such change(s) was/were authorized	zed 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.

Signature of Registered Agent

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