

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

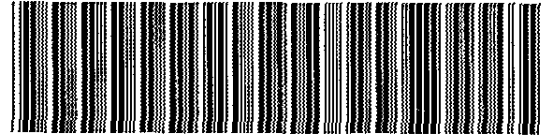
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
SECRETARY
TALLAHASSEE, FLORIDA

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

02 OCT 24 11:54

DIVISION OF EDUCATION

10-24-07

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(Sub Account)

DATE: 10/24

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____ - _____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: _____

DOCUMENT NUMBER: B02-19
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call if Problem	<input type="checkbox"/> After 4:30
<input type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED
AND
FILED
02 OCT 24 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Chg. RA
for L.P.
35.07

**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. TC Cape WG LP
Name of the limited partnership

2. 1/23/2002 3. B02000000019
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:

Corporation Service Company
Name
1201 Hays Street
Address
Tallahassee, FL 32301-2525
City, State and Zip

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

LexisNexis Document Solutions Inc. FO1000003179
Name
3953 W. W. Kelley Road
Florida street address (P.O. Box not acceptable)
Tallahassee, FL 32311
City, State and Zip

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

Tram Hart on behalf of Rebecca Savino, Trammell Crow Company
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.

Tram Hart Assistant Secretary for LexisNexis Document Solution
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**

02 OCT 24 PM 1:50
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA