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(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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BEGNETARY OF STATE TALLAHASSEE, FLOREDA

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February 27, 2013

## **VIA REGULAR MAIL**

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

Re: LaSalle Bristol, LP

2013 HAR-& PH 12 57
SECRETARY OF STATE
TALLAHASSEE, FLORED

Dear Sir or Madam:

Enclosed are the forms, in duplicate, necessary to change the registered agent and registered office for the above captioned entity, together with a check for the required filing fee.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at <a href="mailto:rblack@nrai.com">rblack@nrai.com</a> or at the number listed below.

Thank you.

Best Regards,

Ryan Black rb/ms encl.

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	LaSalle E	Bristol, LP			
N	Jame of Limited Partnership or Lir	nited Liability Li	mited Partnership		
2.	03/11/2002	3.	B02000000	077	
Date of filir	ng/registration in Florida		Florida document n	umber	
4. The name of the Department of State:	registered agent and the registered:	office address as	shown on the recor	ds of the Florida	
	CORPORATION SE	RVICE COM	IPANY		
	Nai	me			
	1201 HAYS	SSTREET			
	Add	ress			
	TALLAHASSEE F	L 32301-252	5 US	701.	
	City, State	e and Zip		A	
5. The name and Flo	orida street address of the new reg	istered agent and	or office:	2013 HAR-6	<u>=</u>
	NRAI Services, Inc.			· · · ·	m
	Nar	me		PHI2	$\ddot{\Box}$
	515 East Park Avenue			III 2 5	
	Florida street address (P	.O. Box not acce	ptable)	7. 1	
	Tallahassee	FL	32301		
	City, State				
6. Such change(s) is	s/are effective when filed by the Fl	lorida Departmen	t of State.		
Signature of General	1 Partner Zyan BACK	Speret .	of LaSai	lle Bristol	Gryoration
	appoiniment as registerea agent at	na agree to act in	лия сарасну. 1 лиг	tner agree to	SP
comply with the prov and <b>t</b> am familiar wi	visions of all-statutes relative to th ith an accept the obligations of my	e proper and con position as regis	aplete performance ( etered agent.	of my duties,	• •
NRAI Services	Ing.				
Signature of Registe	ered Agent				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50