

9/26/22, 9:28 AM

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

B0400000071

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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
 ISTAR BOWLING CENTER II LP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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( Brumley)

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**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. iStar Bowling Center II LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/23/2004

Date of filing/registration in Florida

3. B04000000071

Florida document number

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

City, State and Zip

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

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

Plantation FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

DocuSigned by:

David Lobe

David Lobe

Signature of Registered Agent

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.*

Sandra Zwijack

Sandra Zwijack, Assistant Secretary

Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

DEPARTMENT OF STATE  
TALLAHASSEE, FL 32301

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