## BOYUUUD 272

(F	Requestor's Name)		
()	Address)		
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JUL 3 0 2010

**EXAMINER** 

SECRETARY OF STATE DIVISION OF CORPORATIONS



PORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE :

444235

7736905

AUTHORIZATION

COST LIMIT

ORDER DATE : July 12, 2010

ORDER TIME : 10:33 AM

ORDER NO. : 444235-172

CUSTOMER NO: 7736905

## CHANGE OF AGENT

NAME:

CMS ENTREPRENEURIAL III

ASSOCIATES, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS:

## 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.

change its registered	office or registered agent, o	or both, in the state of Florida.	
- ·	PRENEURIAL III AS		
Nan	ne of Limited Partnership or L	imited Liability Limited Partnership	
2. 06/28/2004		3. B0400000272	
Date of filing/	registration in Florida	Florida document number	
4. The name of the reg Department of State:	istered agent and the registere	d office address as shown on the records of the Florid	
	C T Corporation Sys	tem	
•	N	ame	
	1200 South Pine Islan	nd Road	
-	Λd	dress	
Plantation, FL 33324			
City, State and Zip			
5. The name and Florid	da street address of the new re	gistered agent and/or office:	
	Corporation Service	Company	
Name			
1201 Hays Street			
Florida street address (P.O. Box not acceptable)			
	Tallahassee	<sub>FL</sub> 32301	
•	City, Sta	ate and Zip	
6. Such shange(s) is/a	re effective when filed by the	Florida Department of State.	
20.	del- "		
Signature of General P	a proces	<del>-</del> -	
Blanca Lozada, Attor	ney in Fact on behalf of MSPS	Entrepreneurial III, Inc., General Partner	
		and agree to act in this capacity. I further agree to	
- comply with the provis - and I am familiar with	ions of all statutes relative to t an accept the obligations of n	the proper and complete performance of my duties, by position as registered agent.	
Corporation Sci	vice Company	ny position as registered agent.	
Signature of Registered	Agent Grace E Kirbs	, Assistant VP	
	- 01400 2. 11110)	, moistuit vi	
Filing Fee: Certified Copy (o)	\$35.00 ntional): \$52.50		