

BO4000000552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

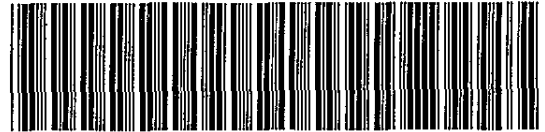
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/04/06--01058--006 **35.00

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06 JAN -4 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 6 2006



December 30, 2005

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **GMH COMMUNITIES, LP**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #**10158** in the amount of **\$35.00** for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

MS

Myra Simmons
Registered Agent Services
Enclosures

PO BOX 1831
AUSTIN, TX 78767

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

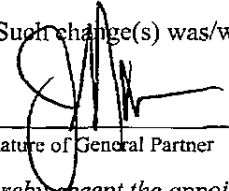
Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. GMH COMMUNITIES, LP
Name of the limited partnership
2. 12/21/2004 3. B04000000552
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
City, State and Zip

5. The name and address of the new registered agent and/or office:
CAPITOL CORPORATE SERVICES, INC.
Name
1333 N. DUVAL STREET
Florida street address (P.O. Box **not** acceptable)
TALLAHASSEE FL 32303
City, State and Zip


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TALLAHASSEE, FLORIDA

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


Signature of General Partner Joe Macchione
Executive Vice-President, General Counsel and Secretary

Joseph Macchione
Vice President

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 Delanie Case, Asst. Sec.

**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**