

B050UUUUU392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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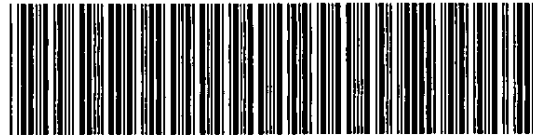
(Business Entity Name)

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09 MAY 21 PM 4:12  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY 22 2009  
EXAMINER

FILED  
09 MAY 21 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 978282 7285074

AUTHORIZATION :

COST LIMIT : \$ 35.00

*[Handwritten signature]*

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09 MAY 21 AM 9:15  
TALLAHASSEE, FLORIDA

ORDER DATE : April 30, 2009

ORDER TIME : 3:27 PM

ORDER NO. : 978282-095

CUSTOMER NO: 7285074

CHANGE OF AGENT

NAME: STONEGATE COMPLEX, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

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.

1. STONEGATE COMPLEX, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/09/2005

Date of filing/registration in Florida

3. B05000000392

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State and Zip

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

Maureen Cullen

Signature of General Partner

Maureen Cullen, Attorney in fact on behalf of Stonegate Complex GP, LLC, manager

*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.*

Corporation Service Company

By: Michelle R. Vannoy

Signature of Registered Agent Michelle R. Vannoy, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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SECRETARY OF STATE  
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