

BOS 0000000419

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000020045 3)))



H100000200453ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

2010 JAN 28 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
CAPITAL MANAGEMENT SERVICES, L.P.**

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

T. CLINE

JAN 29 2010

EXAMINER

**RECEIVED
10 JAN 28 AM 6:32**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**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. CAPITAL MANAGEMENT SERVICES, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/28/2005

Date of filing/registration in Florida

3. B05000000419

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 Cathell

Signature of General Partner

Maureen Cathell, Attorney in Fact on Behalf of CMS General Partner LLC, 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.

Corporation Service Company

By: *Sylvia Queppet*

Signature of Registered Agent Sylvia Queppet, Assistant Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 28 AM 9:24