

B 05 000000488

(Requestor's Name)

(Address)

(Address)

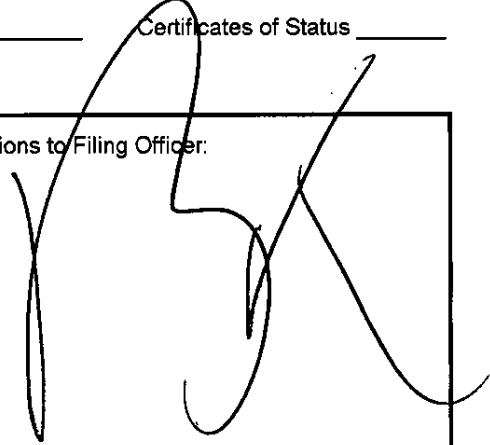
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

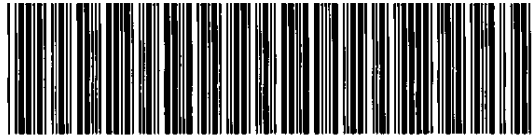
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
07 SEP 17 PM 4:24  
DEPT. OF CORPORATIONS  
DIVISION OF STATE REGISTRATION  
TALLAHASSEE, FLORIDA

FILED  
07 SEP 17 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

FILED  
07 SEP 17 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
REFERENCE : 226744 5022062  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : September 13, 2007  
ORDER TIME : 3:50 PM  
ORDER NO. : 226744-025  
CUSTOMER NO: 5022062

CHANGE OF AGENT

NAME: SIMPSON ST. JOHNS LIMITED  
PARTNERSHIP

*File 2nd*

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS: \_\_\_\_\_

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

**FILED**  
07 SEP 17 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. Simpson St. Johns Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/2/2005

Date of filing/registration in Florida

3. B05000000488

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:

Jon C. Wood

Name

480 North Orlando Avenue, Suite C-222

Address

Winter Park, FL 32789

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.

See attached signature

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.*

Corporation Service Company

By: Joyce L. Markley

Signature of Registered Agent

**Joyce L. Markley  
as its agent**

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

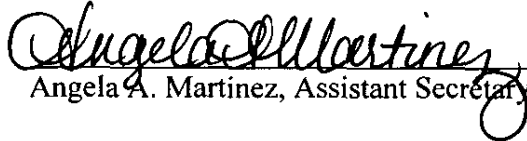
Signature Page to  
**Statement of Change of Registered Office or Registered Agent, or Both  
of Simpson St. Johns Limited Partnership**

**Simpson St. Johns Limited Partnership, a Texas limited partnership**

By: SHLP St. Johns, LLC, a Florida limited liability company, its general partner

By: Simpson Housing LLLP, a Delaware limited liability limited partnership, its  
manager

By: Colomba LLC, a Delaware limited liability company, its general partner

  
Angela A. Martinez, Assistant Secretary