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K. SALY

55 July 25

Jugates

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.

Department of State: UNITED CORPORATE SERVICES, Name 9200 SOUTH DADELAND BLVI Address MIAMI, FL 33156 City, State and Zip	D. SECRETARIOS Office:
UNITED CORPORATE SERVICES, Value 9200 SOUTH DADELAND BLVI Address MIAMI, FL 33156 City, State and Zip C T Corporation System- Name	INC. D. APR 2
UNITED CORPORATE SERVICES, Name 9200 SOUTH DADELAND BLVI Address MIAMI, FL 33156 City, State and Zip C T Corporation System- Name	D. SECRETARIOS Office:
Name 9200 SOUTH DADELAND BLVI Address MIAMI, FL 33156 City, State and Zip The name and Florida street address of the new registered agent and CT Corporation System— Name	D. SECRETARIO Office:
9200 SOUTH DADELAND BLVI Address MIAMI, FL 33156 City, State and Zip The name and Florida street address of the new registered agent and CT Corporation System— Name	d/or office:
Address MIAMI, FL 33156 City, State and Zip The name and Florida street address of the new registered agent and Circ Circ Corporation System	d/or office:
MIAMI, FL 33156 City, State and Zip The name and Florida street address of the new registered agent and CT Corporation System— Name	d/or office:
City, State and Zip The name and Florida street address of the new registered agent and CT Corporation System- Name	d/or office:
The name and Florida street address of the new registered agent and CT Corporation System	d/or office:
C T Corporation System-	ab. 5名 2 「
Name	
1.00 m	
1200 South Pine Island pag	eptable)
Florida street address (P.O. Box not acce	entable)
	•
Plantation, FI City, State and Zip	3.3324
Such charge is/are effective when filed by the Florida Decenture	ent of State.
Signature of General Partner SAP IV Park Tower NF GP L.L.C. helphy accept the appointment as registered agent and agree to act i omply with the provisions of all statutes relative to the proper and co. and I am familiar with an accept the obligations of my position as regi	mplete performance of my duties,
ignature of Registered Agent Affred Younan	
Assistant Secreta	iry
Filing Fee: \$35.00	•
Certified Copy (optional): \$52.50	