

BO6000000060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

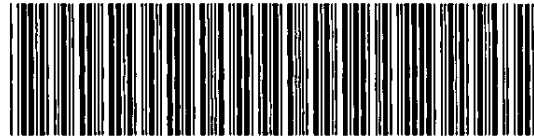
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JUL 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 894288 7490297

AUTHORIZATION

[Handwritten Signature]

COST LIMIT : \$ 35.00

ORDER DATE : May 11, 2007

ORDER TIME : 9:31 AM

ORDER NO. : 894288-245

CUSTOMER NO: 7490297

FILED
07 JUL 20 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: CREEKSTONE MANAGEMENT, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

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. CREEKSTONE MANAGEMENT, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. February 1, 2006

Date of filing/registration in Florida

3. B06000000060

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 Creekstone Management GP, LLC, GP

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.

By: Michelle R. Vannoy

Signature of Registered Agent

Michelle R. Vannoy, Asst. V.P.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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