

BD6000000465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

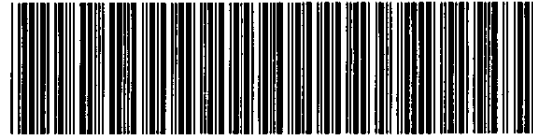
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 17 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMESTOWN Tallahassee 1, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B06000000465

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Wendy Chambers
Contact Person
JAMESTOWN
Firm/Company
3625 Cumberland Blvd., 12th Floor
Address
Atlanta, GA 30339
City, State and Zip Code
wchambers@jamestownproperties.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Wendy Chambers at (770) 805-1017
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. JAMESTOWN Tallahassee 1, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/15/2006
Date of filing/registration in Florida

3. B06000000465
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:

Gregory S. Sembler
Name

5858 Central Ave
Address

St. Petersburg, FL 33707-1728
City, State and Zip

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

CT Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation FL 33324
City, State and Zip

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

[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.

[Signature] **Ternell Kearney Asst. Secretary**
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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