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Florida Department of State
Division of Corporations
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To:

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

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From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

AMC DELANCEY STONINGTON ASSOCIATES, L.P.

Certificate of Status	0
Certified Copy	0
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A. LUNT

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**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. AMC Delancey Stonington Associates, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/23/2007 3. B07000000031
Date of filing/registration in Florida 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:

National Corporate Research, Ltd., Inc.
Name
515 East Park Avenue
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.

Robert H. Hurdman
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.

Robert A. B. B.
Signature of Registered Agent

Filing Fee: \$35.00
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