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JUL 30 2010
EXAMINER

FILED
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DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 444235 7736905

AUTHORIZATION

[Signature]

COST LIMIT : \$35.00

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ORDER DATE : July 12, 2010

ORDER TIME : 10:54 AM

ORDER NO. : 444235-302

CUSTOMER NO: 7736905

CHANGE OF AGENT

NAME: CMS TUSCANY, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS: _____

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

FILED
SECRETARY OF STATE
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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. CMS TUSCANY, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/18/2007

Date of filing/registration in Florida

3. B07000000222

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

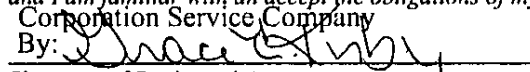
6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner
Blanca Lozada, Attorney in Fact

CMS TUSCANY, L.P.

By CMS TUSCANY GP, L.L.C., its 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.

By: 
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**