From: Kaity 1

Division of Corporations
Electronic Filing Cover Sheet

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	Division of Corporations		,		
	Fax Number : (850)617-6383				
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	Account Name : C T CORPORATION SYSTEM				
	Account Number : FCA000000023				
	Phone : (614)280-3338 Fax Number : (954)208-0845				
	Email Address:	T CHANGE			
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Corporate Filing Menu

Help

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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.

١.	PANAMA M	MANOR, L.P.			
	of Limited Partnership or Lit	nited Liability I	Limi	ted Partner:	ship
2 04	/04/2008	3.		B08000000077	
Date of filing/re	Date of filing/registration in Florida]-]	ment number	
4. The name of the regis Department of State:	tered agent and the registered	office address	as sl	hown on the	records of the Florida
	Leon, D	onvid F.			_
_	Nai	nie			
	390 N. Orange A	venue Suite 140	00		_
	Add	ress			
_	Orlando, i	FL 32801			_
	City, State	e and Zip			
5. The name and Florida	street address of the new reg	istered agent a	nd/o	r office:	
	C T Corpora	tion System			_
	Na	me			
	1200 South Pin	ie Island Road			_
_	Florida street address (P	O. Box not acc	epta	ible)	-
	Plantation,	ĮF	L	33324	
	City, State	F and Zip	_		-
Rence Sandell	effective when filed by the F	lorida Departin	ent (of State.	
Signature of General Par	tner				
comply with the provision and I am familiar with an Circuis Bell	intment as registered agent a us of all statutes relative to th caccept the obligations of my	e proper and c	omp	lete perforn	. I further agree to vance of my duties,
Signature of Registered a	Agent				
Denise Bell,	Asst Seey				
Filing Fee: Certified Copy (opt	\$35.00 ional): \$52.50				