

Box 000000 171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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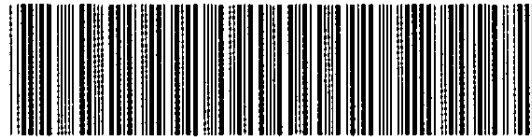
(Business Entity Name)

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B. KOHR

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EXAMINER

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CORPORATION SERVICE COMPANY'

ACCOUNT NO. : I20000000195

REFERENCE : 444235 7736905

AUTHORIZATION

COST LIMIT : \$ 35.00

Lyndee

STATE SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 21 PM 1:30

ORDER DATE : July 12, 2010

ORDER TIME : 9:24 AM

ORDER NO. : 444235-084

CUSTOMER NO: 7736905

CHANGE OF AGENT

NAME: CMS EDU BROWARD, L.P.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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**

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 EDU BROWARD, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 07/31/2008 3. B08000000171
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:

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.

Blanca Lozada
Signature of General Partner
Blanca Lozada, Attorney in Fact on behalf of CMS EDU Broward GP, L.P., 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.

Grace E. Kirby
By: Signature of Registered Agent
Grace E. Kirby, Assistant VP

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

10 JUL 21 PM 4:38
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FLORIDA DEPARTMENT OF STATE