B08000000231

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

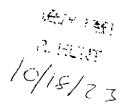
Office Use Only



400417127344

DIVISION OF CORPORATE NO.





CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

CHANGE OF AGENT

NAME: ROYAL PALMS LIMITED PARTNERSHIP

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
	_ CERTIE	FIED	COPY				
XX	_ PLAIN	STAN	MPED COPY				

CONTACT PERSON: Alexxis Weiland-sorenson

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. MN ROYAL PA	ALMS LIMITED PARTNERS	HIP		
	Name of Limited Partnership o	r Limited Liability Limited Pa	artnership	
2. 10/09/2008	10/09/2008 3. B08000000231			
Date of fi	ling/registration in Florida	Florida	document number	
4. The name of the Department of State	e registered agent and the regist te:	ered office address as shown of	on the records of the Florida	
	NRAI SERVICES, INC			
		Name		
	1200 South Pine Island	Road		
		Address		
	Plantation, FL 33324			
	City.	State and Zip		
5. The name and F	Florida street address of the new	registered agent and/or office	: :	
	Corporation Service Con	npany		
		Name		
	1201 Hays Street			
	Florida street addres	s (P.O. Box not acceptable)		
	Tallahassee	FL_32301		
•	City.	State and Zip		
6. Such change(s)	is/are effective when filed by th	e Florida Department of State		
Neereby accept the comply with the proand I am familiar v	fal Partner resident on behalf of JBGE/RO appointment as registered ager ovisions of all statutes relative to with an accept the obligations of ered Agent Asst. Vice President	nt and agree to act in this cap o the proper and complete pe	acity. I further agree to rformance of my duties.	
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50

PARTIE OF CORPORATION