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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| To: | · | |
| 10. | Division of Corporations | <u> </u> |
| | Fax Number : (850) 617-6383 | 7×47 |
| | • | |
| from: | | |
| | Account Name : CORPORATION SERVICE COMPANY | ு கும் |
| | Account Number : I2000000195 | • |
| | Phone : (850) 521-0821 | 7. = |
| | Fax Number : (850)558-1515 | <u>54</u> 5 |
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REGISTERED AGENT CHANGE BAYON CAPITAL PARTNERS, L.P.

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5/21/2012 12:24:14 PM PAGE 2/003 Fax Server

Stephanie Milnes

From:

Stephanie Milnes

Sent:

Tuesday, April 17, 2012 10:08 AM 'Florida@8506176380' Evidence

To:

Cc:

Subject:

Attachments:

BAYON CAPITAL PARTNERS, L.P. BAYON CAPITAL PARTNERS, L.P. - FL- CHANGE OF AGENT.pdf

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. BAYON CAPITAL PA | RTNERS, L.P. | | | | |
|--|---|---|--|----------------|--|
| Name of Lin | nited Partnership or Li | imited Liability Limited Par | tnership | | |
| 2. 07/27/2011 | 7/27/2011 3_B11000000120 | | | | |
| Date of filing/registrat | Date of filing/registration in Florida Florida Florida docum | | | | |
| 4. The name of the registered a Department of State: | igent and the registered | d office address as shown or | the records of the Florida | 2912 Apr 17 | |
| Johnst | on, William C | | <u>**</u> | * ** | |
| | 25. | 7 ~ | | | |
| 202 Ko | | | | | |
| | | ac I | | | |
| Palm I | | | | | |
| | City, Sta | te and Zip | <u> </u> | 50 50 50 | |
| 5. The name and Florida street | address of the new re | gistered agent and/or office: | 734 | ∉ ⁄⊓ | |
| Corpor | ration Service Con | прапу | | | |
| | N: | ame | ··········· | | |
| 1201 1 | Tays Street | | | | |
| | | | | | |
| Tallah | assec | _{FL} 32301 | | | |
| . | City, Şta | ite and Zip | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| 6. Such change(s) is/are effect | ive when filed by the l | Florida Department of State | | | |
| Signature of General Partner William C. Johnston, Man I hereby accept the appointment comply with the provisions of and I am familiar with an acce Corporation Service By: | nt as registered agent ill statutes relative to to pt the obligations of m Company | and agree to act in this cape the proper and complete per ny position as registered age Kuby | icity. I further agree to formance of my duties: | ral Partner | |
| Signature of Registered Agent | • . | ssi., vice rresident | | | |
| Filing Fee: Certified Copy (optional | \$35.00 l): \$52.50 | | | | |