

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**REGISTERED AGENT CHANGE
SHOPOFF REALTY INVESTMENT, L.P.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHOPOFF REALTY INVESTMENT, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B14000000131

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Terri Hovdestad
Contact Person
Shopoff Realty Investments, L.P.
Firm/Company
2 Park Plaza, Suite 700
Address
Irvine, CA 92614
City, State and Zip Code
thovdestad@shopoff.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Hovdestad at (949) 417-4346
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**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. SHOPOFF REALTY INVESTMENT, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/10/2014 3. B1400000131
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:

VCORP SERVICES, LLC
Name
5011 SOUTH STATE ROAD 7 STE 106
Address
DAVIE, FL 33314
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation, FL 33324
City, State and Zip

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

John Zambelli MEMBER OF TSG GP, LLC
Signature of General Partner 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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

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

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