

B930000000103

ACCOUNT NUMBER: FCA0000000005

REFERENCE:
(Sub Account)

2024376

DATE:

8-31

REQUESTOR NAME:

Lexis Document Services

ADDRESS:

TELEPHONE:

() () EXT ()

CONTACT NAME:

CORPORATION NAME:

B93-103

DOCUMENT NUMBER:
(if applicable)

AUTHORIZATION:

C. Woodyard
Cynthia J. Woodyard

☐ CERTIFIED COPY (1-9)

☒ CERTIFICATE OF STATUS (1-9)

☐ PLAIN STAMPED COPY

000003378800--1

() Call When Ready
() Walk In
() Mail Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

00 AUG 31 AM 11:39
SECRETARY OF STATE
DIVISION OF CORPORATIONS

3x 8/31

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent or both, in the state of Florida.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 21 AM 11:39

1. MHC Operating Limited Partnership
Name of the limited partnership
2. 3/3/1993
Date of filing/registration in Florida
3. B93000000103
Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
The Prentice-Hall Corporation System, Inc.
Name
1201 Hays Street, Suite 105
Address
Tallahassee, FL 32301
City, State and Zip
5. The name and address of the new registered agent and/or office:
Lexis Document Services, Inc.
Name
3953 W.W. Kelley Road
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32311
City, State and Zip
6. Such change(s) was/were authorized by the general partners.

By: David W. Fell, VP of GP
Signature of 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**