

B93000000253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

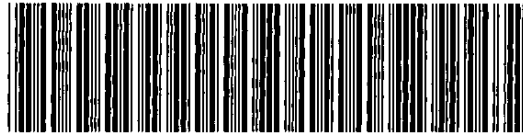
Special Instructions to Filing Officer:

**L. SELLERS**

JAN 29 2008

**EXAMINER**

Office Use Only



600115523656

01/25/08--01018--013 \*\*35.00

**FILED**

2008 JAN 25 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PARANET CORPORATION SERVICES, INC.**

3761 Venture Drive, Suite 260  
Duluth, Georgia 30096  
770-497-9977 / 800-277-9977  
Fax 770-813-0477 / fax 800-815-0477

**TRANSMITTAL LETTER**

January 18, 2008

RE: Post Apartment Homes, L.P.

TO: Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Maggie Ferdinand – [maggie@paranetlegal.com](mailto:maggie@paranetlegal.com)  
Paranet Job No. 08-01-0021

---

Please file/submit the following on behalf of the above:

1. Change of Agent Application for each of the above
2. Check No. 90275 Amount \$35.00

After filing return evidence by:

1. Fax (800) 277-9977
2. Mail in self address, stamped envelope

**If you have any questions, please call me using our toll free number (800) 277-9977.**

**THANK YOU FOR YOUR EXCELLENT SERVICE☺**

**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. Post Apartment Homes, L.P., Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/10/1993

Date of filing/registration in Florida

3. B93000000253

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:

CT Corporation System

Name

1200 South Pine Island Rd

Address

Plantation, FL 33324

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

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

By: Post G-P Holdings, Inc.  
Signature of General Partner

**Sherry W. Cohen**  
**Executive Vice President**

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.

NRAI Services, Inc.

by: [Signature]  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

2008 JAN 25 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED