

B94000000155

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To:

Division of Corporations
Fax Number : (850) 205-0380

From: Eliza J. Bardin

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

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REGISTERED AGENT CHANGE

RFS PARTNERSHIP, LIMITED PARTNERSHIP

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9/24/2004

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.

1. RFS Partnership, Limited Partnership

Name of the limited partnership

2. 04/22/1994

Date of filing/registration in Florida

3. B94000000155

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Linda A. Scarcelli

Name

450 S. Orange Avenue

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

Orlando

FL 32801

City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

Barry A.N. Bloom, Senior Vice President of CONL Rose GP Corp. as 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 of Registered Agent

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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