9000001 200004769202--01/11/02-01039-024 ****440.00 *****35.00 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Cops Pick up time ☐ Walk in Certificate of Status ☐ Photocopy ☐ Will wait Mail out **AMENDMENTS NEW FILINGS** Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

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 organized under the laws of the state of Delaware , submits the	
following statement in order to change its registered office or registered agent, or both, in the state of	
Florida.	
THI Oceanfront L.P.	
Name of the limited partner	ship
2. December 14, 1994 3. B940000005	01
Date of filing/registration in Florida	Document number assigned
4. The name and address of the present registered agent and offi	ice:
CT Corporation System	
1200 South Pine Island Road	
Plantation FL 3324	
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)	
NRAI Services, Inc.	t and office: (P.O. Box not acceptable)
526 E. Park Avenue	7. S. 7. 3:
Tallahassee, FL 32301	RITE RITE
Such change was authorized by the general partners.	
Varifflyen Quenter 12, 2001	
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my	
position as registered agent.	
Alueda Kungel	November 16, 2001
Registered Agent signature	Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314