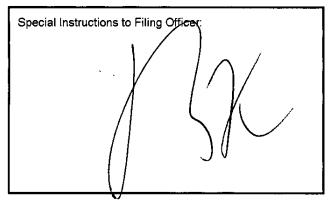
1345000000088

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nai	me)
(Doc	cument Number)	
Certified Copies	Certificate	s of Status



Office Use Only



600087097476

DETAN IN OF STATE OF STATE OF COMPORATIONS OF COMPORATIONS

FILED

07 FEB 26 PH 4: 26

ECRETARY OF STATE



ACCOUNT	NO.	•	0721	000	0.0	032
110000111	110.		0,21	~ ~ ~	~~	~~~

REFERENCE :

147267 742712

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: February 6, 2007

ORDER TIME : 9:53 AM

ORDER NO. : 747367-010

CUSTOMER NO: 7427124

CHANGE OF AGENT

NAME: OCALA PARK LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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. Ocala Park Limited Partnersh	ip			
Name of Limi	ted Partnership or Lin	nited Liability Limited P	artnership	
2. 03/14/1995		3. B9500000088		
Date of filing/registration	n in Florida	Florida	document number	
4. The name of the registered age Department of State:	ent and the registered	office address as shown	on the records of the Florida	
_CT Corpo	oration System		, CR	
	Nar	ne	HA HA	
1200 Sout	h Pine Island Road			
	Addı	ess	RETARY UF LORIDA	
Plantation	, FL 33324			
	City, State	and Zip	RA	
5. The name and Florida street ac	idress of the new regi	stered agent and/or offic	e:	
Corporation	on Service Company			
	Nan	ne		
1201 Hays	Street			
Flo	rida street address (P.	O. Box not acceptable)		
Tallahass	ee	FL 32301		
	City, State	and Zip		
6. Such change(s) is/are effective Signature of General Partner	when filed by the Flo	orida Department of Stat	e.	
I hereby accept the appointment a comply with the provisions of all and I am familiar with an accept a Corporation Service Company By: Signature of Registered Agent	statutes relative to the the obligations of the	proper and complete pe	erformance of my duties,	
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50			