

B9500000191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

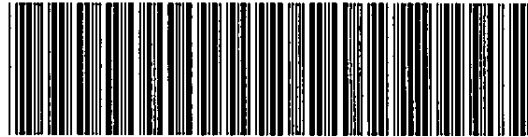
(Business Entity Name)

(Document Number)

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2015 FEB 24 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 06 2015  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RELATED INDEPENDENCE ASSOCIATES L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** 133589919

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Myra Simmons, Registered Agent Dept.

Contact Person

Capitol Corporate Services, Inc.

Firm/Company

800 Brazos, Ste 400

Address

Austin, TX 78701

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myra Simmons, Registered Agent Dept. at ( 800 ) 345-4647

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

FILED  
2015 FEB 24 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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. RELATED INDEPENDENCE ASSOCIATES L.P.**

Name of Limited Partnership or Limited Liability Limited Partnership

**2. 5/30/1995**

Date of filing/registration in Florida

**3. 133589919**

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:**

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Capitol Corporate Services, Inc.

Name

155 Office Plaza Dr, Ste A

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

Tallahassee

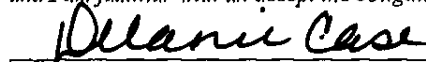
FL 32301

City, State and Zip

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

  
Signature of General Partner

*Independence Associates GP LLC By: Michelle Austin, Authorized*  
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. *Representative*

  
Signature of Registered Agent

Delanie Case, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

**FILED**  
2015 FEB 24 PM 2:00  
CLERK OF STATE  
TALLAHASSEE FLORIDA