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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	<i>⇒ #</i>)
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PICK-UP	☐ WAIT	MAIL
(D.	usiness Entity Nan	
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECREJARY OF STATE
ALL AHASSEE FLORIN

Office Use Only



May 16, 2006

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: LAMAR TEXAS LIMITED PARTNERSHIP

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #11158 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons-Homer Registered Agent Services

Enclosures

PO BOX 1831 AUSTIN, TX 78767

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.

I. LAMAR TEXAS LIMITED PARTNERSHIP	
Name of the limited p	partnership
	0000057
Date of filing/registration in Florida	Document number assigned
4. The name of the registered agent and the registered office	ce address as shown on the records of the Florida
Department of State: CT Corporation System	
Name	
1200 South Pine Island Roa	
Address	
Plantation, FL 33324	<u> 후</u>
City, State and	Zip AS T
	SEI SEI
5. The name and address of the new registered agent and/o	or office:
CAPITOL CORPORATE SERV	FILED SECRETARY OF STATE ALLAHASSEE, FLORID TO Office: VICES, INC.
Name	
1333 N. DUVAL STREET	
Florida street address (P.O. Bo	x not acceptable)
TALLAHASSEE FL	32303
City, State and 6. Such change(s) was/were authorized by the general part Lamar Texas General Partner, Inc., (Signature of General Partner Secretary	ners.
()	
I hereby accept the appointment as registered agent and agreshith the provisions of all statutes relative to the proper as familiar with and accept the obligations of my position as remerely to reflect a change in the registered office address, been notified in writing of this change.	nd complete performance of my duties, and I am egistered agent. Or, if this document is being filed
Ollamic and Delanie Case, Asst. Sec.	

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

Signature of Registered Agent