## CORPO BE9600000000109

ACCESS, INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

CERTIFIED COPY	CUS
<b>Урното сору</b>	Xrung RA Change
	RY ILL
1.) AMHAV-I L.P., A CA (CORPORATE NAME & DOCUMENT#)	lifornia Limited Partnership
	900027822197 -02/22/9901008018 *****35.00 ******35.00
2.) (CORPORATE NAME & DOCUMENT #)	
3)	20/2 /29
(CORPORATE NAME & DOCUMENT #)	Harry 2-2
4.) (CORPORATE NAME & DOCUMENT #)	7 (2.5)
5.) (CORPORATE NAME & DOCUMENT #)	Varifyet  Acknowled Kmenit
SPECIAL INSTRUCTIONS	W. P. Venia
HOLLWANDS OF MARCHINE	
SSEED SS VM 6:57	

## 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. AMHAV-1, L.P., A CALTFORNIA LIMITED PARTNERSHIP  Name of the limited partnership		
2. 3/26/96 Date of filing/registra	3. B9600000109 tion in Florida Document number assignment	gned
4. The name of the regist Department of State:	ered agent and the registered office address as shown on th	e records of the Florida
	Name 526 E. PARK AVENUE	
_	Address TALLAHASSEE, FL 32301	SECRE
£ 179	City, State and Zip	FILE
5. The name and address of the new registered agent and/or office:  PARACORP INCORPORATED  PARACORP INCORPORATED		D OF STATE RPORATION AM 10: 17
2	Name 236 EAST 6TH AVENUE	E OHS
	Florida street address (P.O. Box not acceptable)  ALLAHASSEE, FI 32303	-
6. Such change(s) was/w	City, State and Zip are authorized by the general partners.	
with the provisions of all familiar with and accept to	PAUL N. DONNELLY  timent as registered agent and agree to act in this capacity.  statutes relative to the proper and complete performance he obligations of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the this change.	s of my duties, and I am s document is being filed

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

Signature of Registered Agen

DENISE ZOLLNER, ASSISTANT SECRETARY