

B97000000505

Document Number Only

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
850-222-1092

DATE: 10 / 4

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-10/04/00--01047--025
*****35.00 *****35.00

Corporation(s) Name

THE PRICE REIT REMISSANCE PARTNERSHIP, L.P.

☐ Profit
☐ Nonprofit

☐ Amendment

☐ Merger

☐ Foreign
☐ LLC

☐ Dissolution
☐ Withdrawal

☐ Mark

☐ Limited Partnership
☐ Reinstatement
☐ UCC ☐ 1 or ☐ 3

☐ UBR
☐ Fictitious Name

☐ Other
☒ Ch. RA

***Special Instructions**

☐ Certified Copy ☐ Photocopies
☐ Arts/ameds/mergers ☐ Other-See Above

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☒ Pick-up

☒ Will Wait

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Jeffrey Butterfield

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32 10/4

RECEIVED
OCT-4 11:25
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. THE Price REIT Renaissance Partnership, L.P.
Name of the limited partnership

2. 09/26/97
Date of filing/registration in Florida

3. B97000000505
Document number assigned

4. The name and address of the present registered agent and office:

Corporate Service Company

1201 Hayes Street

Tallahassee, Florida 32301

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

Such change was authorized by the general partners.

By: The Price REIT, Inc.

By: Phyllis M. Henderson VPO
Signature of General Partner

9/20/00

Date

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.

Jennifer L. Morcia
Registered Agent signature
jennifer morcia

9.28.00

Date

Filing Fee: \$35.00

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

INHSE004(3/95)