## 00000529 ACCESS, 236 East 6th Avenue . Tallahassee, Florida 32303 ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 INC. P.O. Box 37066 (32315-7066) WALK IN CERTIFIED COPY РНОТО СОРУ (CORPORATE NAME & DOCUMENT #) SPECIAL INSTRUCTIONS HOTAROSHIDO TO MURINA

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## 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. JRK-FLORIDA	PARTNERS . LIMITED PARTNERSHIP Name of the limited partnership	
2- 10/7/97 Date of filing/registr	3. B9700000529 Tation in Florida Document number as	signed
4. The name of the regis Department of State:	stered agent and the registered office address as shown on NATIONSCORP REGISTERED AGENTS, INC.	
•	Name	
	526 E. PARK AVENUE	
•	Address	
	TALLAHASSEE, FL 32301	99
•	City, State and Zip	FEB
5. The name and address of the new registered agent and/or office:  PARACORP INCORPORATED  Name  PARACORP INCORPORATED  Name		
	Name	IO RA
· <u>_ 2</u>	36 EAST 6TH AVENUE	
	Florida street address (P.O. Box not acceptable)	
	ALLAHASSEE, FL 32303	
	City, State and Zip	
6. Such change(s) was/v	were authorized by the general partners.	1
- GA	Mcla	5
Signature of General Partner		
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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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Signature of Registered Agent

DENISE ZOLLNER, ASSISTANT SECRETARY

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