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DOCUMENT # B9800000115  1. Entity Name ACCOUNTING PRINCIPALS, LTD.								FILED		ĄŢ	
							03	MAY -2 PH 7:51			
Principal Place of Business ONE INDEPENDENT DRIVE ATTN: GERALD ROBINSON			Mailing Address ONE INDEPENDENT DRIVE ATTN: GERALD ROBINSON				SE TAL	CRETARY OF STATE LEAHASSEE FLORIDA	MJH		
JACKSONVILLE FL 32202				CKSONVILLE FL 32202							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DUE BY MAY 1, 200	3		
City & State			City & State			<del></del>	4. FEI Number 59-3482202 Applied For Not Applicable			ole	
Zip	Zip Country		1	Zip Coun		otry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			7	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301-2525					1			<u> </u>	u Core or		
TALLA DOCE TE 3200 1-2023						U5/U2/U3~-U1074016 **526.25					
						City		FL	Zip Code		
	named entity ions of registe		r the p	urpose of changing its	register	ed office or register	ed agent, or both	, in the State of Florida. I am far	miliar with, and accep	ot	
SIGNATURE -	Signature, typed o	or printed name of registered agent	and title it	applicable.				DATE	· · · · · · · · · · · · · · · · · · ·		
9. Capital Contributions as Shown on record. \$785,034.45 In FLORIDA to date						tributions  11. MAKE CHECK PAYABLE TO FL. DEPT. OF STAT SEE REVERSE SIDE FOR FEE INFORMATION					
								CTIVE WITH THIS OFFICE. to change a general partn	nor		
12.	NOIL.	GENERAL PARTNER			13,	, all amenumen	t must be med	ADDRESS CHANGES ONLY			
DOCUMENT # NAME	MODIS GP, INC.  ET ADDRESS  ONE INDEPENDENT DRIVE				STRE	EET ADDRESS				10/02)	
STREET ADDRESS CITY-ST-ZIP					СІТУ	-ST-ZIP				CR2E003 (10/02)	
DOCUMENT # NAME					STRE	EET ADDRESS				CR2	
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP				_	
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DOCUMENT # NAME					STRE	ET ADDRESS					
STREET ADDRESS	<u>.</u>	•.			CITY	- ST-ZIP					
44 Thoroby o	artifuthat the	information ausoliad with	thin fit	ing door not avalify for	the eve	motion stated in Co.	otion 110 07/9/0	Clarida Statutae I further cortifi	that the information	- 1	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: