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To:

Division of Corporations

Fax Number : (850)617-6383

IDEC 2 0 2012

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

L. SELLERS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

| Email Addres | · · · · · · · · · · · · · · · · · · · |
|--------------|---------------------------------------|
|--------------|---------------------------------------|

## REGISTERED AGENT CHANGE PARKWAY PROPERTIES LP, A DELAWARE LIMITED **PARTNERSHI**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$35,00 |

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12/18/2012

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CT CORPORATION

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## COVER LETTER

| TO: Registration Section Division of Corporations                    |  |
|--|--|
| •  | •  |
|  | PARKWAY PROPERTIES LP rinership or Limited Liability Limited Pertnership |
| 14 rule of Punited Lat   | •  |
| DOCUMENT NUMBER:   | B98000000121   |
| The enclosed Statement of Change of fee(a) are submitted for filing. | f Registered Office and/or Registered Agent and                          |
| Please return all correspondence cons                                | cerning this matter to:  |
| Contact Person   |  |
| Pirm/Company   | · .  |
| Address  |  |
| City, State and Zip Co   | nde  |
| E-mail address: (to be used for future ar                            | unual report notification)   |
| For further information concerning th                                | is matter, please call:  |
|  | at ()  |
| Name of Contact Person   | Area Code and Daytime Telephone Number                                   |
| Enclosed is a \$35.00 check made pays                                | able to the Florida Department of State.                                 |
| STREET ADDRESS:  | <b>MAILING ADDRESS:</b>  |
| Registration Section   | Registration Section   |
| Division of Corporations   | Division of Corporations   |
| Clifton Building   | P. O. Box 6327   |
| 2661 Executive Center Circle<br>Fallahassec, FL 32301                | Tallahassco, FL 32314  |
|  | 4.4  |
|  |  |

PLO16 - \$507/2009 C T Bystem Online

INHS04 (01/06)

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Plorida.

| 1,  | PARKWAY P   | Roperties LP                       | ·<br>                         |  |               |
|---|---|------------------------------------|-------------------------------|--|---------------|
| Name of Lin   | nited Partnership or Li                           | mited Liability L                  | imited Partne                 | rehip                                  |               |
| 2. 2/26/199   | 18  | 3                                  | H980                          | 00000121                               | • •           |
| Date of filing/registrati   | · ••  | Florida door                       | mont number                   | <del></del>                            |               |
| 4. The name of the registered a Department of State:                | gent and the registered                           | i office address a                 | s shown on ti                 | is records of the l                    | Florida       |
|   | NRAI SERV   | ACES, INC.                         |                               |  |               |
| <del></del>   | Na  | me                                 |                               | ₹ ,                                    |               |
| <u></u>   | 515 B. PARI                                       | K AVBNUE                           |                               | _                                      |               |
|   | Add   | reas                               |                               | <del>-</del>                           |               |
|   | Tallahass   | BE FL 32301                        |                               | <b></b>                                |               |
|   | City, State                                       | and Zip                            |                               |  |               |
| 5. The name and Plorida street                                      | address of the new regi                           | istered agent and                  | /or office:                   | •                                      | •             |
|   | CT Corporat                                       | llog System                        |                               | _                                      | •             |
| ,   | Ner   | TIC ·                              |                               | -                                      |               |
|   | 1200 South Pine                                   | e Island Road                      |                               |  | •             |
| Fi  | orida street address (P.                          | O. Box not accep                   | stable)                       | -                                      | •             |
|   | Plantation,                                       | И.                                 | 33324                         | •                                      |               |
| _ <del></del> _   | City, State                                       | and Zlp                            |                               |  | ,             |
| 6. Such change(a) is/are effective                                  | o when filed by the Fir                           | orlda Departmen                    | of State.                     |  |               |
| - XI Without Brown  | W.f.  | aloning c                          | n behalf                      | of general                             | partner       |
| Signature of General Partner  |   |                                    |                               |  | rtners, Inc.  |
| Kimberly Bagestt, Vice Pr<br>I hereby accept the appointment        | osident   | A                                  | ,<br>44                       |  |               |
| i hereby accept the appointment of all                              | äs registered agent am<br>Motuter velotive to the | d agree to act in<br>mover and com | nus capacuy.<br>nista seriora | . I juither agree.<br>anno of my dutie | 10<br>u.      |
| chapty with the waystions of all<br>and any familiar state on being | the obligations of my j                           | position as regis                  | ered agent.                   | (                                      | •             |
| Signature of Registered Agent                                       | ,   |                                    | •                             |  |               |
| •   |   |                                    |                               | •                                      | <b>5</b>      |
| Filing Fee:   | \$35.00   |                                    |                               |  |               |
| Certified Copy (optional):  | 4   |                                    |                               |  | 골품 <b>유</b> . |
|   |   | •                                  |                               | :                                      |               |

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