

**B98000000306**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0380

From: **CALL MATTHEWS**  
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.  
Account Number : 076077001702  
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REGISTERED AGENT CHANGE

8600 ASSOCIATES LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS

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**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 Florida.

1. 8600 ASSOCIATES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/14/1998

Date of filing/registration in Florida

3. B98000000306

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office.

Dean Mead Services LLC

Name

800 NORTH MAGNOLIA AVE., SUITE 1500

Florida street address (P.O. Box not acceptable)

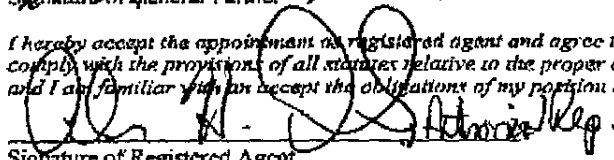
ORLANDO FL FL 32803

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

8600 CP  
  
Signature of General Partner

*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.*

  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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