

B98000000550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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B98-550

Office Use Only



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PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260
Duluth, Georgia 30096
770-497-9977 / 800-277-9977
Fax 770-813-0477 / fax 800-815-0477
E-Mail: Maggie@Paranetlegal.com

TRANSMITTAL LETTER

February 27, 2004

RE: EXCEPTION MANAGEMENT SERVICES LP

TO: Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FR: Maggie Ferdinand
Paranet Job No. 04-02-0407/mf

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION**
ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)

CHECK NO 83331 AMOUNT: \$35.00 ENCLOSED

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE
NUMBER (800) 277-9977.**

THANK YOU FOR YOUR EXCELLENT SERVICE©

**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. Exception Management Services LP
Name of the limited partnership

2. 9/4/98 3. B98000000550
Date of filing/registration in Florida Document number assigned

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

CT Corporation System
Name
1200 South Pine Island Rd
Address
Plantation, FL 33324
City, State and Zip

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

NRAI Services, Inc.
Name
526 E. Park Avenue
Florida street address (P.O. Box **not** acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner - Steve Armstrong

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.

NRAI Services, Inc.

by: Maggie Ferdinand
Signature of Registered Agent Maggie Ferdinand, Asst. Secy.

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**