Requester's Name William E. Simonton III Attorney at Law 4141 N. Henderson Road, #5 Arlington, Virginia 22203 City/State/Zip Phone

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known)
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I.	0000033858803 -09/08/0001073019 *****35.00 ******35.00
(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
Mail out Will wait	☐ Photocopy ☐ Certificate of Status
NEW FILINGS	AMENDMENTS
☐ Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
☐ Limited Liability	Change of Registered Agent
☐ Other	Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	□ Foreign □ Limited Partnership □ Reinstatement □ Trademark □ Other

Examiner's Initials

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. HERNDON ASSOCIATES LIMITED PARINERSHIP, a Virginia limited partnership
Name of the limited partnership
2. September 18, 1998 Date of filing/registration in Florida 3. B9800000564 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:
Corporation Service Company Name
1201 Hayes Street
1201 Hayes Street Address Tallahassee Florida 22201
Tallahassee, Florida 32301
City, State and Zip
Department of State: Corporation Service Company Name 1201 Hayes Street Address Tallahassee, Florida 32301 City, State and Zip State Company State Arthur L. Walters, III
Name
13985 75th Avenue Florida street address (P.O. Box not acceptable) N. Seminole FL 34646
City, State and Zip 6. Such change(s) was/were authorized by the general partners. 117 Corp., a Virginial corporation By: 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. 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

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