

1398000000621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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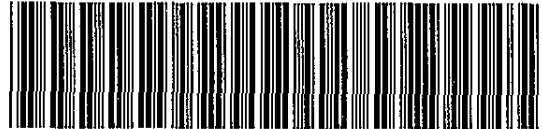
(Business Entity Name)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 091913 4983A

AUTHORIZATION : *Patricia Pajante*

COST LIMIT : \$ 35.00

ORDER DATE : May 13, 2003

ORDER TIME : 2:31 PM

ORDER NO. : 091913-125

CUSTOMER NO: 4983A

CUSTOMER: Marilyn Adelman
Cozen O'Connor, P.c.
1900 Market Street
The Atrium
Philadelphia, PA 19103

03 MAY 19 AM 8:30
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TALLAHASSEE, FLORIDA
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CHANGE OF AGENT

NAME: SJS - 4400 CENTER LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

**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. SJS - 4400 CENTER LIMITED PARTNERSHIP

Name of the limited partnership

2. October 23, 1998

Date of filing/registration in Florida

3. B98000000621

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Maureen Cullen, Attorney-in-Fact

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.

Corporation Service Company


Signature of Registered Agent Dorothy Tenshaw, Asst. VP

**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**