1399000000272

(Re	questor's Name)
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	sin ess Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	M

Office Use Only



200080091912

OGOCT 31 PHIZ: 51

THE COLOR OF STATE OF



ON SERVICE COMPANY.
ACCOUNT NO. : 072100000032
REFERENCE : 557697 5022266
AUTHORIZATION Spelbele was
ACCOUNT NO.: 072100000032 REFERENCE: 557697 5022266 AUTHORIZATION COST LIMIT: 35.00
ORDER DATE : October 26, 2006
ORDER TIME : 9:55 AM
ORDER NO. : 557697-615
CUSTOMER NO: 5022266
CHANGE OF AGENT
NAME: INDIANTOWN PROJECT INVESTMENT PARTNERSHIP, L.P.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS: _

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

,	
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.	
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. INDIANTOWN PROJECT INVESTMENT PARTNERSHIP, L.P. Name of Limited Partnership or Limited Liability Limited Partnership	
Name of Entitled Farthership of Entitled Elability Entitled Parthership	
2. August 7, 1998 3. B99000000272	
Date of filing/registration in Florida 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:	
C T Corporation System	
Name	
1200 South Pine Island Road	
Address	
Plantation, FL 33324	
City, State and Zip	-
5. The name and Florida street 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) is/are effective when filed by the Florida Department of State.	
Signature of General Partner Maureen Cullen Attorney In Fact on behalf of Toyan Enterprises, LLC, 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 an accept the obligations of my position as registered agent. Corporation Service Company By: Signature of Registered Agen Michelle R. Vannoy, Assistant Vice President	
Filing Fee: \$35.00 Certified Copy (optional): \$52.50	