

B99000066470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

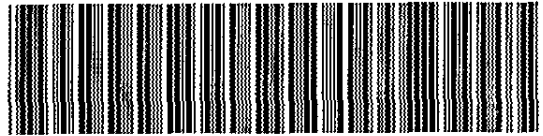
(Document Number)

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DIVISION OF REGISTRATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: _____
(Sub Account)

DATE: 10/24

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: _____

DOCUMENT NUMBER: B 99-470
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

☒ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready	() Call if Problem	() After 4:30
() Walk In	() Will Wait	() Pick Up
() Mail Out		

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02 OCT 24 PM 2 34
STATE
TALLAHASSEE, FLORIDA

Ch. RA
for LP
35.00

**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. TC Deerwood Commerce Center LP

Name of the limited partnership

2. 12/28/1999

Date of filing/registration in Florida

3. B99000000470

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 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

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

LexisNexis Document Solutions Inc.

Name

3953 W. W. Kelley Road

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

Tallahassee, FL 32311

City, State and Zip

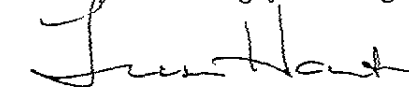
6. Such change(s) was/were authorized by the general partners.



on behalf of Rebecca Savino, Trammell Crow Company

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.



Assistant Secretary for LexisNexis Document Solutions Inc

Signature of Registered Agent

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