F04000002982

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
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TALL AHASSES FLORIN

R-A. Change

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ION SERVICE COMPANY.		
ACCOUNT NO. : 072100000032		
REFERENCE : 527039 7454283		
AUTHORIZATION Spelle Man		
COST LIMIT : \$5.00		
ORDER DATE: April 13, 2008		
ORDER TIME : 9:43 AM		
ORDER NO. : 527039-510		
CUSTOMER NO: 7454283		
CHANGE OF AGENT		
NAME: IPC FLORIDA III MANAGEMENT, INC.		
r		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
XX PLAIN STAMPED COPY		
CONTACT PERSON: Cindy Harris		
EXAMINER'S INITIALS:		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi in order to change its registered office or registe	ized under the laws of the State of Delaware
1. The name of the corporation: IPC FLORIDA III	MANAGEMENT, INC.
2. The principal office address: c/o IPC Real Estate 303 North Hurtsborne Parkway, Louisvil	e Management
3. The mailing address (if different):	
4. Date of incorporation/qualification: 05/26/2004	Document number: F0400002982
5. The name and street address of the current registered ag Florida Department of State:	gent and registered office on file with the
C T Corporation System	
1200 S. Pine Island Road	
Plantation, FL 33324	7A S
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered official APR 21
Corporation Service Company	SEE SEE M
1201 Hays Street (P.O. Box NOT acceptable)	Tro ? O
Tallahassee, FL 32301	ATE RIDA
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
(Signature of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	d agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: Kignature of Registered Agent)	April 8, 2008
If signing on behalf of an entity:	<u></u>
Elizabeth A. Dawson, Asst. VP (Typed or Printed Name)	
* * * FILING FE	E: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)