F96000004339

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

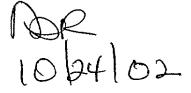
Office Use Only



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02 OCT 24 M II: 55



. ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA00000005
REFERENCE: (Sub Account)
DATE: 10/24
REQUESTOR HAME: Lexis Document Services
ADDRESS:
TELEPHONE: () () oxt ()
CONTACT NAME:
CORPORATION NAME:
OCUHENT NUMBER: F96-4339 (if applicable)
UTHORIZATION: Cynthin J. Woodyard Char.
CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLAIN STAMPED COPY
) Call When Roady () Call if Problem () After 4:30 ') Walk In () Will Walt () Pick Up) Hall Out

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

	of change is subm	sections 607.0502, nitted for a corpora to change its regis	tion organized	ınder the laws of i	the State of		
	the corporation:	TCC North Flor	ida Developm	ent #1, Inc.			
2. The principal	l office address:_	2001 Ross Aven	ue, Suite 340	00, Dallas, TX	75201		
	address (if differ	ent):c/o Rebecc	a M. Savino,	2001 Ross Ave	nue, #3400		
-		cation: 8/23/199	96 <u> </u>	cument number:	F960000043	39	
5. The name an	d street address or rtment of State:	of the current regist	ered agent and i	egistered office or			
	1201 Hays S	treet			_ \$\sigma\sigma	6	-
	Tallahassee	, FL 32301-252	5 <u>-</u>	_	_ E	N C	
6. The name as changed):		s of the new regist	- • •	hanged) and /or i	registered off	Com (if] [-	•
	3953 W.W. Ke	(P.O. Box or personal m	nailbox NOT acceptabl	e)	FLOATE		
The street addreagent, as chang	ess of its register ed will be identi	red office and the sical.	street address of	the business offic	ce of its regis	tered	
	as authorized by he board, or the	resolution duly ad corporation has be Tr As	opted by its boaren notified in we ressa Hartman st. Secreta:	ard of directors or riting of the chan n on behalf of the or typed name and title	by an officer ge. Rebecca S	Savino	
I hereby accept I further agree performance of registered agen	the appointmen to comply with to my duties, and h t. Or, if this doc	it as registered age the provisions of al I am familiar with cument is being file I that the corporati	nt and agree to I statutes relative and accept the sed merely to ref	act in this capaci ve to the proper a obligation of my p lect a change in th	ty. nd complete position as ne registered		
	ignature of Registered A	Agent)	10/23/	(Date)		-	-
If signing on behal	If of an entity:				<u>.</u>		
Tressa Hartm	•		Asst. Sec.	for LexisNexi	s Document	Solutions	Inc
(Typed or Printed Name)				(Capacity)		-	

* * * FILING FEE: \$35.00 * * *