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Document Number Only

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton



CORPORATION(S) NAME		500003050175 -12/03/9901070 *****35.00 *****	
Palafox Limited Partner,	Inc.		
() Profit () Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	
Name Availability	12/03/99	ETTE DEC 0 6 1999	
Document Examiner Updater	C. COULC.		
Verifier Acknowledgement W.P. Verifier		-3 MI	
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Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 6 Florida Statutes, the undersigned corporation organized under the laws of the laware submits the following statement in order to change its regen registered agent, or both, in the State of Florida.	the State	of
1a. The name of the corporation is: Palafox Limited Partner, Inc.		
1b. Date of incorporation <u>10/15/96</u> Document number <u>F</u>	9600000	<u> </u>
2. The name and address of the current registered agent and office:	TA.	99
Corporation Service Company 1201 Hays Street, Tallahassee, Florida 32301-2525		
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	ARY OF STA	-3 2
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation	rightid	a 63 332
The street address of its registered agent and the street address of the but of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of direct an officer so authorized by the board. SIGNATURE SIGNATURE DATE Type or printed name and	ectors or	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVE PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DOWN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: OATE 10-24-96 DATE 10-24-96	ESIGNATION OF THE PROPERTY OF	Ο LY OM- Γ
Division of Corporations P.O. Box 6327 Tallahassee, F.	1 3231	4

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

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