Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number: 110450000714
Phone: (850)222-1173
Fax Number: (850)224-1640

Fax Number : (850)224-1640

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REGISTERED AGENT CHANGE

ART FLORIDA PARTNERS I, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

10 p

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, ar 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Nevada			
in orde	r to change its registered office or registe	red agent, or both, in the State of Florida.	
I. The name of t	he corporation:	ART Florida Partners I, Inc.	
2. The principal	office address; 1800 VALLEY VIEW L	ANE SUITE 300 DALLAS TX 75234	
3. The mailing a	ddress (if diffurent):		
4. Date of incorp	poration/qualification: 04/22/1998	Document number: F98000002297	
5. The name and	street address of the current registered ag	gent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Roa	ad Jack	
	Plantation, FL 33324		
6. The name and (if changed):	i street address of the new registered agen	ed OT JUN 22 HIII: 34 Suite 4	
	NRAI Services, Inc.		
	2731 Executive Park Drive,	Suite 4	
	(PO. Box. NOT acceptable) Weston, FL 33331		
The street addre		address of the business office of its registered event	
		address of the business office of its registered agent,	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.			
AN MAG	ire of his officer for diffectory	Sabrina Tillapaugh, Vice President	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all state and I am familiar with and accept the obli- ing filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity, ues relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
Storma	andure of Registered Agent)	(Date)	
If signing on be	chalf of an entity:	•	
	apaugh, Asst. Secretary Typed or Printed Name)		
* * * FILING FEE: \$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)