

To: Florida Dept. of State  
Subject: 001448.70423.17

From: Ashley Smith

Friday, June 22, 2007 2:22 PM Page: 1 of 2

F98000002299

Florida Department of State  
Division of Corporations  
Public Access System

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To: Division of Corporations  
Fax Number : (850) 205-6380

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

001448 70423

**REGISTERED AGENT CHANGE**

**ART FLORIDA PARTNERS II, INC.**

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

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TALLAHASSEE, FLORIDA

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H07000164577 3

**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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Nevada in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ART Florida Partners II, Inc.
2. The principal office address: 1800 VALLEY VIEW LANE SUITE 300 DALLAS TX 75234
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/22/1998 Document number: F980000002299

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Sabrina Tillapaugh  
(Signature of an officer or director)

Sabrina Tillapaugh, Vice President  
(Printed or typed name and title)

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 obligation 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 corporation has been notified in writing of this change.

Sabrina Tillapaugh  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

Sabrina Tillapaugh, 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)

H07000164577 3