

103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

H30970

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT:

CINDY HICKS

DATE:

5-9-00

REF. #:

0262

CORP. NAME:

Partnership Management, Inc.

FILED  
00 MAY -9 PM 3:48  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                   |

☒ OTHER: Change of Agent

000003245490--2  
-05/09/00-01066--024  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

STATE FEES PREPAID WITH CHECK# 7714 FOR \$ 35

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

LEASE RETURN:

- |  |   |
|--|---|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |

☒ PLAIN STAMPED COPY

RECEIVED  
00 MAY -9 PM 2:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Examiner's Initials

G. COULLETTE MAY 10 2000

Florida Department of State, Sandra B. Mortham, 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 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: Partnership Management, Inc.

1b. The mailing address of the corporation is: 4855 Old Highway 37, Lakeland,  
Florida 33813-2033

1c. Date of incorporation: 11/21/84 Document number: H30970

2. The name and address of the current registered agent and office:

Jennifer Smith  
4855 Old Highway 37  
Lakeland, FL 33813-2033

3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

Andrea P. Bauman  
4855 Old Highway 37  
Lakeland, FL 33813-2033

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.

Andrea P. Bauman  
(Signature of an officer, chairman or  
vice chairman of the board)

4/10/00  
(Date)

Andrea P. Bauman, President

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Andrea P. Bauman  
(Signature of Registered Agent)

4/10/00  
(Date)

If signing on behalf of an entity:

Andrea P. Bauman

(Typed or Printed Name)

(Capacity)

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00 MAY -9 PM 3:48  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE