L01645

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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SECRETARY OF STATE
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Rochanse Thewis, 11 1-25.11

COVER LETTER

Division of Corporations	
SUBJECT: FLORIDA INVESTMENT PART Name of Corp	NESS, INC.
Name of Corp	poration
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to	the following:
George A. Mo	organ, Jr.
Name of Contac	ct Person
Morgan Property	
Firm/Comp	pany
450 E. Las Olas Bl	
Address	S
	5 1 00004
Fort Lauderdale, City/State and 2	, FL 33301 In Code
cfrye@morgan	pg.com
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call	:
Catherine Frye	704 \ 909-4507
Name of Contact Person	at (704) 909-4507 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	nt of State.
	16 m
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

TO: Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLOCIDA
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: FLORIDA PROPERTY INVESTMENT PARTNERS, INC.
2. The principal	office address: 450 E. Las Olas Blvd., Suite 730, Fort Lauderdale, FL 33301
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 07/13/1989 Document number: LØ1645
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	George A. Morgan, Jr.
	300 S.E. Second Street, Suite 880
	Fort Lauderdale, FL 33301
6. The name and (if changed):	Fort Lauderdale, FL 33301 d street address of the new registered agent (if changed) and /or registered office FL 22
	450 E. Las Olas Blvd., Suite 730
	P.O. Box NOT acceptable
	Fort Lauderdale, FL 33301
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatur	George A. Morgan, Jr. Printed or typed name and title
I hereby accept I further goree t	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this age filed merely to reflect a change in the registered office address, I hereby confirm that the a been notified in writing of this change.
Dun	31-14-11
Sign	nature of Registered Agent Date
If signing on bel	half of an entity:
GEORGE	A. MORGAN, JR.
Ту	yped or Printed Name

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