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DIVISION OF CORPORATION

B. KOHR
JAN-6 2010

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION G

COST LIMIT

ORDER DATE : 01/06/2010

ORDER TIME : 11:18 AM

ORDER NO. : 236426-038

CUSTOMER NO: 7399905

CHANGE OF AGENT

NAME: CMS GENERAL PARTNER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Name of the limited liability company: CMS GENERAL PARTNER LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Descrip NIV/ \$4010	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	726 Exchange Street, Suite 700 Buffalo, NY 14210 M05000005539	
	~	ember 28, 2005 e of filing/registration in Florida	M05000005539 4. Document number	
J. 1.	zau	e of thing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			he records of the Florida Dept. of State:	
		Registered Agent:	C T Corporation System	
		Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		NEW Registered Agent:	Corporation Service Company	
	NEW Registered Office Address:	1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)		(MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member)				
(Prin	ted	een Cathell, Authorized Person or typed name of signee)	-	
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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Corporation Service Company By:				
(Signature of Registered Agent) Sylvia Queppet, Asst. VP				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)