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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 850-222-1092

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<u>Co</u>	rporation(s) Name	· 		
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N.	IEC 991-11 L	<u>LC</u>		
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W.P. Verifier:		Thank You!		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT UK 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.

agent, or boin, in the blace		*****	007 11 170			
1. The name of the limite	d liability company is:		99I-11 LLC			
2. The mailing address of	the limited liability comp	any is:_	15601 Dalīas P	arkway, Suite 40		
•	Dallas, TExas	7500				
December 3, 199	9	-	м9900000190	4		
3. Date of filing/registrat	ion in Florida		4. Document number	er		
	ered agent and the registere	ad office	address as shown on t	he records of the		
5. The name of the register Florida Department of	Zeste. Zed Säeut sud fue tekiptere	ed Office	addition as shown on t			
Florida Department of	Corporation Se	ervice	Company			
		ime		d. 0		
	1201 Hays Stre	et		OO HAY 31		
	Address					
	Tallahassee, I	lorid	a 32301	25 3 F		
	City, Sta	te and Z	ıp	2 1		
6. The name and address	of the new registered agen	t and/or	office:	PM 3: 15		
	C T Corporation	System	1	35 <b>5</b>		
	Na	me		→ <del>&gt;</del>		
	1200 South Pine					
. •	Florida street address (P	.O. Box	NOT acceptable)			
	Plantation, Flor	cida 3	33324			
•	City, Stat	e and Zi	P			
and the business office of liability company, it is he of the members of the lit or the operating agreeme	npany is not organized und hange or changes are made f the registered agent will be reby confirmed that the change mited liability company or at of the limited liability con prized representative of a member)	e, the rice be identificange(s) as other ompany.	cal. Or, in the case of was/were authorized b wise provided in the au	a Florida limited		
(Printed or typed name of signe	ud .					
(runted or typed name of signe	e)	- مال مدمان	was to get in this ears	aits. I firther acree to		
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	pintment as registered agents of all statutes relative to add accept the obligations of this document is being file that the limited liability c	it and ago the prop f my pos d to mer company	ree to act in this capac per and complete perfe ition as registered age ely reflect a change in has been notified in w	on a further differ to the symmetries of my duties, and as provided for in the registered office riting of this change.		
Jew Ottle	Terri Atteberry					
(Signature of Registered Agent)						
Divisi	on of Cornorations, P.O.	Box 632	7, Tallahassee, FL 3	2314 :		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18(10/99)