Electronic Filing Cover Sheet

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(((H060000351263)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (\$50)222-1092 Fax Number : (850)878-5926

6 FEB -8 AM 8: 00

REGISTERED AGENT CHANGE

STOCKTON STREET PROPERTIES, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

PACKY 19

rsuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this stement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida
The name of the corporation: Stockton Street Properties, Inc.
The principal office address: 1801 Hermitage Blvd., Suite 100, Tallahassee, FL 32308
The mailing address (if different):
Date of incorporation/qualification: 11/10/1999 Document number: P99000099028
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
David E. Todd
1801 Hermitage Bivd., Suite 100
Tallahassee, FL 32308
The name and street address of the new registered agent (if changed) and /or registered office CT Corporation System 1000 Caush Blood Dead
CT Corporation System
1200 South Pine Island Road
1200 South Pine Island Road (P.O. Box NOT execute) Plantation, FL 33324 Plantation Pine Island Road (P.O. Box NOT execute) Plantation Pine Island Road (P.O. Box NOT execute) Plantation Pine Island Road
te street address of its registered office and the street address of the business office of its registered agent, changed will be identical.
thorized by the board, or the corporation has been notified in writing of the change.
Debbie J. Newmark, Secretary (Printed or typed lamb and disc)
ereby accept the appointment as registered agent and agree to act in this capacity, urther agree to complete performance within agree to complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this cument is being filed merely to reflect a change in the registered office address, I hereby confirm that the reportation had been notified in writing of this change.
(Signatule of Registered Agent) (Date)
signing on behalf of an entity:
Jenniser F. Auttmen Adelytant 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)