A9300000539

Realtor ® 230 North Beach Street Daytona Beach, Florida City/State/Zi	p Phone #	Office U	D25319769 5/21/9801093001 ****35.00 *****35.00
1(Corpora		Document #)	FILED 98 MAY 21 PM SECRETARY OF STALLAHASSEE, F
4(Corpor	,	Document #) (Document #) Certified Copy Certificate of	•
NEW FILINGS	AMENDMENTS	315	
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/D	rirector	03-539
Limited Liability	Change of Registered Agent		10 Eng
Domestication	Dissolution/Withdrawal		ame vailability
Other	Merger		ocument
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	E U L V	Ipdater Verifyer W. P. Verifyer

Reinstatement Trademark

Other

Examiner's Initials

Charter No. <u>A9300000539</u>	
Date Filed	

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

- The name of the corporation is: Lacita of Brevard, Ltd. 1.
- 2. The name and address of its present registered agent is:

Palmetto Charter Services, Inc. 150 Magnolia Ave. Daytona Beach, Florida 32114

The name and street address to which its registered agent is to be changed is:

Continental Property Services, Inc. 230 North Beach Street, Suite 301 Daytona Beach, FL 32114

- The street address of its registered office and the street address of the business office of its 4. registered agent, as changed, are identical.
- Such change was authorized by resolution duly adopted by its board of directors or by an officer 5. of the corporation so authorized by the board of directors.

Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND I FURTHER AGREE TO COMPLY WITH THE AGREE TO ACT IN THIS CAPACITY. 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: PHTRICIA S. JENKINS

Signature: By:

3.