





CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195.

REFERENCE : 776870 1299A

AUTHORIZATION :

COST LIMIT : \$ ~~52.50~~ 35.00

*Spalding*

ORDER DATE : August 26, 2013

ORDER TIME : 4:33 PM

ORDER NO. : 776870-005

CUSTOMER NO: 1299A

FILED  
13 AUG 27 PM 2:34

CHANGE OF AGENT

NAME: SANDESTIN BEACH HOTEL, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Harry B. Davis -- EXT# 2926

EXAMINER: \_\_\_\_\_

2013 AUG 28  
J. BUTLER

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. SANDESTIN BEACH HOTEL, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/19/96 Date of filing/registration in Florida  
3. A96000001169 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

HART, W. CHRISTOPHER  
Name

34990 EMERALD COAST PARKWAY SUITE 301  
Address

DESTIN, FL 32541  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

*Sin bawone Partnes, Inc Its General Partner*  
*Rita Kama Vice President*  
Signature of General Partner

*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 an accept the obligations of my position as registered agent.*

By: [Signature]  
Signature of Registered Agent

**Harry B. Davis**  
Asst. Vice President

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

FILED  
18 AUG 27 PM 2:58  
TALLAHASSEE, FLORIDA