F00000002637

100009736501

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		į

01/09/03--01058--001 **245.00

Office Use Only

RA Chg.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Nevada Land Company, Inc. (Name of corporation)
DOCUMENT NUMBER: F0000002637
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffrey Drew Butt, Esquire (Name of person)
Squire Sanders & Dempsey, LLP
(Name of firm/company) 201 N. Franklin St., Suite 2100
(Address)
Tampa, FL 33602
(City/state and zip code)
For further information concerning this matter, please call:
Christine L. Greene, Paralegal 813 202.1309 (Name of person) (Area Lode & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departme 1 of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of se	ections 607.0502, 617.0:	502, 607.1508, or 617.15	08, Florida Statutes,
this statement of Florida	_		rganized under the laws o office or registered a <mark>g</mark> ent,	
of Florida.				^
1. The name of	the corporation:_	Nevada Land Con	npany, Inc.	1/4
2. The principal	office address:_	125 Daugherty D	rive, Suite 400	ly "
		Monroeville, PA	15146	74
3. The mailing a	ddress (if differe	ent):		
4. Date of incor	poration/qualific	ation: 05/11/2000	Document number:	F00000002637
5. The name and		of the current registered a	gent and registered office	on file with the
	401 E. Jaci	kson St., Suite 27	00	
	Tampa, F	L 33602		,
6. The name ar changed):		of the new registered a	agent (if changed) and /o	r registered office (if
•	201 N. Fr	anklin St., Suite	2100	
· ·	Tampa, l	(P.O. Box or personal mailbox f FL 33602	NOT acceptable)	
			address of the business of	
			by its board of directors tified in writing of the cha	-
(Signature of an office	the chairman or vice chair	man of the board)	(Printed or typed name and	
performance of registered agen	my duties, and . it. Or, if this de	l am familiar with and a Sument is being filed me	d agree to act in this cape utes relacive to the proper accept the obligation of m arely to reflect a change in as been notified in writing September 30	y position as the registered of this change.
	Signature of Registered A. D. Edwards	Agent)	(Date)	
	D. Edwards	<u></u>	Vice Pres	ident
(Typed or Printed Name)		(Capacity)	

* * * FILING FEE: \$35.00 * * *