Florida Department of State

Division of Corporations Public Access System

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

FLORIDA LESSOR - EMERALD, INC.

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Maryland					
	following statement in orde		tered office or registered agent, or bot	h, in	
1. The name	of the corporation: Florada	Lessor - Emereld, Inc.			
2. The maili	ng address of the corporation	m : 9690 Decreco Bivd.	Ste. 100 Timonium, MD 21093-6991	-	
	ncorporation/qualification:		Document number: F020000		
4. The name	and address of the current	registered agent and o	office:		
,	Corporation Service Compa	ny		8	
	1201 Hays Street				
	Tallahassee, FL 32301			高当の	
5. The name	and address of the new reg	istered agent (if chan ?. O. Box Not Accept	ged) and/or registered office (if change able)		
	C T Corporation System			るる	
	e/o CT Corporation System			The same	
	Plantation, Florida 33324		······································		
			ess of the business office of its registe		
Such change authorized	e was authorized by resolut by the board.	ion duly adopted by i	its board of directors or by an officer s	× s	
	The 1		7-15-03		
(Signa	ture of an officer, chairman or vice	hauman of the board)	(Date)		
Michael P. Jon	es. Vice President Frinted or typed name as	2002			
C T Corporați	n named as registered agen I hereby accept the appoint ee to comply with the prove of my duties, and I am far gent.	t and to accept services atment as registered isions of all statutes miliar with and accep	ce of process for the above stated agent and agree to act in this capacity relative to the proper and complete it the obligation of my position as	<i>z</i> .	
By: /	(Signature of Registered Agent)		7-15-03		
If signing on b	(Signature of Registered Agent)	what year	n hurteci		
	(Typed of Printed Name)		(Capacity)		
	***	FILING FEE: \$35.0	00 * * *		
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• •	Division of Corporations	P.O. Box 6327	Tallahassee, FL 32314		