## L04000038192

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ACCOUNT NO. : 072100000032 REFERENCE: 472786 7545057 AUTHORIZATION : COST LIMIT ORDER DATE: September 22, 2006 ORDER TIME : 3:41 PM ORDER NO. : 472786-010 CUSTOMER NO: 7545057 CHANGE OF AGENT NAME: ALYS BEACH PROPERTIES, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CONTACT PERSON: Sara Lea -- EXT# 2914...

EXAMINER:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability company is:	ALYS BEACH	PROPERTIES, LLC	
2. The mailing address of	f the limited liability com	pany is:	<del></del>	
P.O. Box 615500, Alys Beach	ı, FL 32461-5500			<del></del>
		=	<u> </u>	## F =
May 19, 2004		<del>7</del> -	L04000038192	
3. Date of filing/registrat	ion in Florida	4	. Document numb	er
5. The name of the registe Florida Department of		red office ad	dress as shown or	the records of the
	C T Corpo	oration System		•
	N	lame		* :
	1200 South	Pine Island Ro	ad	TA 96
	Ac	dress		FO SA TO
	Plantatio	on, FL 33324		
City, State and Zip				7.7
6. The name and address	of the new registered age	nt and/or off	ice:	M 8: 39 SEE, FLOR
	Corporation S	Service Compa	ny	5.5
		me		7
	1201 H	ays Street		P
	Florida street address (	P.O. Box NO	OT acceptable)	<b>.</b>
	Tallahassee	FL	32301	
	City, Sta	te and Zip		2 2 t <del></del> -
(John Bar	hange or changes are mad the registered agent will	le, the Florion be identical hange(s) was otherwise company.	la street address of Or in the case of	f the registered office f a Florida limited
hard Bozzelli, Authorized Pers	on on behalf of Ebsco Gulf De	velonment Inc	Manager	
(Printed or typed name of signee		veropment, inc		en e
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm		nt and agree o the proper of my position ed to merely company ha	e to act in this cap and complete per on as registered as reflect a change i s been notified in	acity. I further agree to formance of my duties, tent as provided for in the registered office writing of this change.
(Signature of Registered Cent)	Sylvia Queppet, Assistant Vic	e President		
· · · · · · · · · · · · · · · · · · ·	on of Corporations, P.O.		Tallahaceee FI.	3231 <i>4</i>
Divisio	<u> </u>	FEE: \$25.0	-	JEVAT