

Aloha Kai Assoc Inc.  
 Requestor's Name  
6020 Midnight Pass Rd.  
 Address  
Sarasota FL 34242  
 City/State/Zip      Phone #

Office Use Only

**P9 5000002495**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)  
 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 10/10/97

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -10/08/97--01064--013  
 \*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

10-10-97

Examiner's Initials	CC
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Florida Department of State, Jim Smith, Secretary of State

**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 FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: ALOHA KAI VACATION RENTALS, INC.

1b. Date of incorporation January 9, 1995 Document number P95000002495

2. The name and address of the current registered agent and office:  
Jon D. Chadwick, 6455 McKown Rd., Sarasota, FL 34242

3. The name and address of the new registered agent and office:  
(P.O. Box Not Acceptable)  
Christine F. Scheffert, 888 Blvd of Arts #1002, Sarasota,  
Florida 34236

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The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Christine F. Scheffert  
SIGNATURE  
Sept. 24, 1997  
DATE

Christine F. Scheffert, President  
Typed or printed name and title

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 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 AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Christine F. Scheffert  
(Registered Agent)  
DATE Sept. 24, 1997

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314