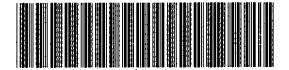
F03000000459

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ACCOUNT	NO.	:	072100000032
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REFERENCE : 399261

: 399261 437011

AUTHORIZATION

COST LIMIT : \$ 35.80

ORDER DATE: January 13, 2008

ORDER TIME : 10:02 AM

ORDER NO. : 399261-525

CUSTOMER NO: 4370110

CHANGE OF AGENT

NAME: LEE VISTA TENANT CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED, COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Delaware to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	he corporation: LEE VISTA TENANT CORP.
2. The principal of 420 S. Ora	office address:ange Avenue, Suite 700, Orlando, FL 32801
•	ddress (if different):
4. Date of incorp	poration/qualification: 01/29/2003 Document number: F03000000459
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:
	Stephanie J. Thomas
	420 S. Orange Avenue, Suite 700
	420 S. Orange Avenue, Suite 700 Orlando, Fl 32801
6. The name and (if changed):	Orlando, Fl 32801 street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
(Ergnatu	David J. Kimichik, President (Printed or typed name and title)
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. ion Service Company
	hature of Registered Agent) (Date)
(Sig	hature of Registered Agent) (Date)
If signing on bel	half of an entity:
	pet, Asst. VP
(1)	yped or Printed Name) * * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)