

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
(corporation (value)	
2	
3 (Corporation Name)	(Document #)
· · · /	
4.	
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
	Amendment
 Not for Profit Limited Liability 	Resignation of R.A., Officer/Director
Domestication	 Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
 Annual Report Fictitious Name 	General Foreign
	Limited Partnership
	Trademark
	Other T. LEWIS DEC 1 5 2000
	Examiner's Initials
· · ·	Exammer's initials

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 <u>FLORIDA</u> 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 corporation : MARINER SANDS COUNTRY CLUB. TNC

2. The mailing address of the corporation :

3. Date of incorporation/qualification: 12/14/79 Document number: 7505

4. The name and address of the current registered agent and office:

nI 50 MARINER SAONS NRIVE STUART 34997 F

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)

The street address of its registered office 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

(Signature of an officer, chairman or vice aitman of the board) OILA AF IRFACUREN (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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

(Signature of Registered Agent) If signing on behalf of an entity: 1986 6 ERSTNER (Typed or Printed Name)

* * FILING FEE: \$35.00 * * *

DIVISION OF CORFORATIONS	P.O. Box 6327
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TALLAHASSEE, FL 32314

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