

Public Access System

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To:

Division of Corporations

Pax Number

: (850)205-0380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

IHC PROPERTY CORPORATION

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 Delaware submits the following statement in order to change its registered office or registered agent, or both, in		
he State of Florida. The name of the corporation: THC Property Corporation		
The mailing address of the corporation: 1010 Wisconsin Ave., Washington, DC 20		
. Date of incorporation/qualification: 12-04-2000 Document number: F00000006699)	
. The name and address of the current registered agent and office:		
Corporation Service Company		
1201 Hays Street	~	
Tallehassee, FL 32301-2525	2003	
The name and address of the new registered agent (if changed) and/or registered office (if changed). (P. O. Box Not Acceptable)	lged): 등	
C T Corporation System	o o	
c/o C T Corporation System, 1200 South Pine Island Road,	77	
Mantation, Florida 33324	4	
he street address of its registered office and the street address of the business office of its regi gent, as changed, will be identical.	stered	
uch change was authorized by resolution duly adopted by its board of directors or by an office who is the board	T 50	
AA90 7/11/03		
(Signature of an officer, that much or vice chairman of the board) (Date)	-	
lith B Arggo, Secretary		
(Printed or typed name and title) (aving been named as registered agent and to accept service of process for the above stated proporation. I hereby accept the appointment as registered agent and agree to act in this capacitather agree to comply with the provisions of all statutes relative to the proper and complete informance of my duties, and I am familiar with and accept the obligation of my position as gistered agent. The Composition System AMUSHA PLAY, VP+ ASST, Dec. (Date)	iity.	
signing on behalf of an entity:		
(Typod or Printed Name) (Canacity)	_	
* * * FIT INC: FFF- \$25.00 * * *		

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSER, FL 32314