F02000004268

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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SECRETARY OF STATE
TALLAHASSEF TI AGE.

C. Coulliette AUG 0 5 2005



ACCOUNT NO. : 072100000032

REFERENCE : 522225

COST LIMIT : \$ 35.00

ORDER DATE: August 3, 2005

ORDER TIME : 1:16 PM

ORDER NO. : 522225-040

CUSTOMER NO: 7110113

CUSTOMER: Ms. Cynthia Rubio Csx Corporation

500 Water Street, C160

Jacksonville, FL 32202

CHANGE OF AGENT

NAME: CSX CAPITAL MANAGEMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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

statement of che	ange is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Delaware ered agent, or both, in the State of Florida.
1. The name of	the corporation: CSX CAPITAL MANAG	EMENT, INC.
-		00
	Street, Jacksonville, FL 322	02
4. Date of incor	poration/qualification: 08/21/2002	Document number: F02000004268
5. The name an		gent and registered office on file with the
	C T Corporation System	
	1200 South Pine Island Road	05 JALL
	Plantation, FL 33324	AUG -
6. The name an (if changed):		7757 N
	Corporation Service Company	
	1201 Hays Street (P.O. Box NOT acceptable	<u> </u>
)
	Tallahassee, FL 32301	-
The street addr as changed wil	ress of its registered office and the street I be identical.	address of the business office of its registered agent,
Such change w authorized by t		d by its board of directors or by an officer so tified in writing of the change.
May (Signal	sur lull hire of an officer or director)	Maureen Cullen, Attorney in Fact on behalf of Donna W. Melton, Secretary (Printed or typed name and title)
corporation na	s oeen noujiea in writing oj inis change	nd agree to act in this capacity. Lutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this we registered office address, I hereby confirm that the
By The	ion Service Company	08/01/2005
-3 (S	ignature of Registered Agent)	(Date)
If signing on b	ehalf of an entity:	
	. Dawson, Asst. Vice Pres. Typed or Printed Name)	
•	- 2 g	

* * * FILING FEE: \$35.00 * * *