



**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 the State of Florida.

1. The name of the corporation is: DELMA CITY CENTER CORP.
2. The mailing address of the corporation is: C/O DELMA PROPERTIES, INC. 444 MADISON AVENUE, SUITE 1204 NEW YORK, NEW YORK 10022
3. Date of incorporation/qualification: 11/15/1994 Document number: F9400005910
4. The name and address of the current registered agent and office:  
LARRY WOLFE  
200-A JOHN KNOX ROAD  
TALLAHASSEE, FLORIDA 32303-6643
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FLORIDA 33324

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

By: [Signature]  
(Signature of an officer, chairman or vice chairman of the board)

10-5-99  
(Date)

PATRICK D. BARRETT, ITS EXECUTIVE VICE PRESIDENT  
(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 registered agent.

By:

Charles W Meyer  
(Signature of Registered Agent)

10/29/99  
(Date)

If signing on behalf of an entity:

CHARLES W. MEYER  
ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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