000002464°-101/102

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name

: GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)

Account Number: 076117000420

Phone

: (561)650-0728

Fax Number

: (561)655-5677

REGISTERED AGENT CHANGE

COOLIDGE-VALENCIA REALTY CORP.

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10/29/01

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, Flather undersigned corporation organized under the laws of the State of _Delaware	orida Statutes,
submits the following statement in order to change its registered office or registered age the State of Florida. 1. The name of the corporation: Coolidge-Valencia Realty Corp.	ent, or both, in
2. The mailing address of the corporation: 455 Central Park Avenue, Scarsdale, FL	10583 2
3. Date of incorporation/qualification: May 16, 1996 Document number: F960	10583 20 00002464 CT
4. The name and address of the current registered agent and office:	
CT Corporation System	PH
1200 South Pine Island Road	
Plantation, F1 33324	52
5. The name and address of the new registered agent (if changed) and/or registered office (P. O. Box Not Acceptable)	(if changed):
W. Scott Callahan	
37 N. Orange Avenue, Suite 200	
Orlando, FL 32802-3388	•
The street address of its registered office and the street address of the business office of agent, as changed, will be identical.	its registered
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board.	n officer so
(Signature of anyofficer, chairman of the board)	101
(Days) Of an officer, chairman of vice chairman of the board)	
Doug Cordello, Assistant Vice President (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above s corporation. I hereby accept the appointment as registered agent and agree to act in thi I further agree to comply with the provisions of all statutes relative to the proper and coperformance of my duties, and I am familiar with and accept the obligation of my positive registered agent.	tated s capacity, mplete on as
(Signification of Registered Agent) (Date) 23/2	2/_
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	· ·
* * * FILING FEE: \$35.00 * * *	110642 5
CR2E045(9/00) Division of Corporations P.O. Box 6327 TALLAHASSEE, FL 32314	# # 00## 7

TOTAL P.02