Pocument Number Only 2000 25

CT CORPORATION SYSTEM		
660 EAST JEFFERSON STRE	ET	
Requestor's Name TALLAHASSEE, FL 32301		
Address 22	2–1092	000002597530 -07/24/9801012019
City State Zip	Phone	*****35,00 *****35,0
CORPORATIO	N(S) NAME	,
The Mermaid	end the Alligator	Juc. ARR &
		SSEE P
) Profit) NonProfit () Limited Liability Co.	() Amendment	STATE SO
) Foreign	() Dissolution/Withdr	awai () Mark
) Limited Partnership) Reinstatement	() Annual Report () Name Registrat () Fictitious Na	() Other tion Change of R.A.
) Certified Copy	() Photo Copies	() CUS
) Call When Ready Walk in) Mail Out	() Call if Problem () Will Wait	() After 4:30 Pick Up
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.P. Verifier		

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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 south Carolina submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: The Mermaid and Alligator, Inc.

1b. Date of incorpor	ation	1-16-97	Document num	nber <u>F97000000251</u> - "
2. The name and ad	idress of the	e current registere	d agent and office:	~ ~ %
Paul N. Hayes				- 25
729 Truman Avenue	, Key West,	Florida 33040		岛声
3. The name and a (P.O. E	ddress of the Box Not Acc			ASSEE, FL
c/o C T CORPORATIO	N SYSTEM,	1200 South Pine	Island Rd., Plant	ation Florida 3332
The street address of its registered ager	of its registe	red agent and the	street address of th	•

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.

Michael L. Laughlin, Chairman

To grand To

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE BY:	C T CORPORATION SYSTEM
•	(Registered Agent)
DATE	

Division of Corporations, P.O. Box 6327, Talka Wasser BEGRETARY

CR2E045 (7-91)

Filing Fee: \$35.00