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Florida Department of State

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

CHARLESTON SQUARE, INC.

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T BROWN NOV = 5 2003.

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

	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a c	prporation organized under the laws of the State of
-	registered office or registered agent, or both, in the State
of Florida.	, ·
1. The name of the corporation: Charleston	ducre , The
2. The principal office address: 5400 LBJ Fre	eway LB 2 Lincoin Centre
Dallas, TX 75248	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7-13-9	3 Document munber: #98000003979
5. The name and street address of the curren Florida Department of State:	t registered agent and registered office on file with the
Согро	ration Service Company
	1201 Hays Street
Ta	Sahassec, FL 32301
changed):	registered agent (if changed) and /or registered office (if
	T Corporation System
• • • • • • • • • • • • • • • • • • • •	and Road, Plantation, Florida 33324
The street address of its registered office an agent, as changed will be identical.	d the street address of the business office of its registered
week Charleman	luly adopted by its board of directors or by an officer so has been notified in writing of the change. Text Attabany, Vice President
(Sugmeure of an officer, chairman of vice chairman of the board)	
I hereby accept the appointment as register I further agrée to comply with the provision performance of my duties, and I am familia registered agent. Or, if this document is be office address, I hereby confirm that the col	ed agent and agree to act in this capacity. Is of all statutes relative to the proper and complete r with and accept the obligation of my position as ing filed merely to reflect a change in the registered poration has been notified in writing of this change.
— Corporation System Mi	chael E. Jones
By: Ass	istant Secretary 11-5-03
Signature of Registered Agent)	(Oxio)
If signing on behalf of an entity:	American S. 6
Michael E, Jones (Typed or Pinted Name)	Assistant Secretary (Capacity)
	(makened)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Coefgrations, P.O. BOX 6327, TALLARASSEE, FL 32314