

LAW OFFICE OF

**JOHN MICHAEL TRAYNOR**

28 CORDOVA STREET  
ST. AUGUSTINE, FLORIDA 32084

JOHN MICHAEL TRAYNOR, Esq.

904 / 829-6667

648241

December 15, 2000

Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Statement of Change of Registered Office or  
Registered Agent or both for Corporations/  
St. Johns Investments, Inc.

900003504489--1  
-12/18/00--01134--008  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Dear Sir/Madam:

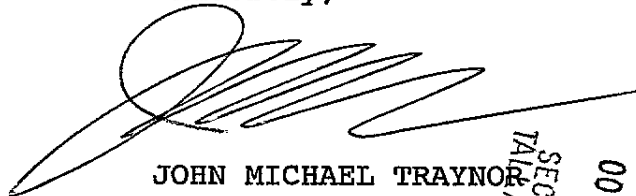
Enclosed please find an original Statement of Change for St. Johns Investments, Inc. Please note that the Registered Agent is being changed to Judith G. Shine, Esquire, 97 Orange Street, St. Augustine, Florida 32084.

Also enclosed please find a check in the amount of \$35.00 which sum represents the cost of the filing fee.

In the event you have any questions or need any additional information, please do not hesitate to contact me.

Thank you for your cooperation.

Sincerely,



JOHN MICHAEL TRAYNOR

JMT/kh  
Enclosures

FILED  
00 DEC 18 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dec 12/28  
Haw chg

**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 Florida  
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 : St. Johns Investments, Inc.
2. The mailing address of the corporation : \_\_\_\_\_
3. Date of incorporation/qualification: 7/11/1983 Document number: 648261
4. The name and address of the current registered agent and office:

John Michael Traynor, Esquire

28 Cordova Street

St. Augustine, Florida 32084

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Judith G. Shine, Esquire

97 Orange Street

St. Augustine, Florida 32084

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.

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

12-12-00  
(Date)

\_\_\_\_\_  
(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.

[Signature]  
(Signature of Registered Agent)

✓ 12-14-00  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

FILED  
00 DEC 18 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA