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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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Charge

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STROV-3 AND 46

13/05



CORPORATION SERVICE COMPANY ACCOUNT NO. : 072100000032

REFERENCE: 683861 7229429

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: November 1, 2005

ORDER TIME : 9:49 AM

ORDER NO. : 683861-015

CUSTOMER NO: 7229429

CHANGE OF AGENT

NAME: ADVANTIS REAL ESTATE SERVICES

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: _____

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Advantis Real Estate Services Company
	office address: 245 Riverside Avenue, Suite 500, Jacksonville, FL 32202
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 09/04/1987 Document number:
	street address of the current registered agent and registered office on file with the tment of State:
	Christine Marx
	245 Riverside Avenue, Suite 500, Jacksonville, FL 32202
6. The name and (if changed):	245 Riverside Avenue, Suite 500, Jacksonville, FL 32202 street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable) Tallahassee, Florida 32301
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Volu K (Signatur	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. JOHN K. HUTCHESON EVP. COD/CEO DIZECTOR Open officer or director) (Printed or typed name and title)
	the appointment as registered agent and agree to act in this capacity. It is complete performance to comply with the provisions of all statutes relative to the proper and complete performance if I am familiar with and accept the obligation of my position as registered agent. Or, if this is filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
BYLLCRE	November 2, 2005 November 2, 2005 (Date)
f signing on beh	alf of an entity:
Michelle R.	Vannoy, Asst. Vice Pres.

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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