CT Corporation Syst 660 East Jefferson S	Street 3	DATE: 5/22
Tallahassee, FL 3230 850-222-1092	01	1000032622010
	Corporation(s) Name	-05/22/0001099019 *****35.00 *****35.00
	<u></u>	<u>PA</u>
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Oxford Prop	perties Florid	a Inc. Zz o
()Profit	()Amendment	()Merger
( )Nonprofit		
( )Foreign ( )LLC	( )Dissolution ( )Withdrawal	()Mark 90 4 4 NAF 29
()Limited Partnership	()UBR	()Other
()Reinstatement ()UCC ()1 or ()3	( )Fititious Name	Ch. RA
***Special Instructions**		HAGE CLA
()Certified Copy ()arts/ameds/mergers ()Other-	()Photocopies See Above	
(XXX)Walk in	(XXX)Pick-up	()Will Wait

Please Return Filed Stamped Copies To:



Carol Clark

**...** 

Thank You!

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

1. The name of the corporation is: \_\_\_\_\_\_Oxford Properties Florida, Inc.

2. The mailing address of the corporation is: \_\_\_\_\_\_

Ste. 1700, Toronto, Ontario, Canada M5H 1T1

3. Date of incorporation/qualification: \_\_\_\_\_\_ Document number: \_\_\_\_\_\_ K66607

4. The name and address of the current registered agent and office:

Gregory L. Morgan

2701 N. Rocky Point Dr., Suite 1000

Tampa, FL 33607

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) CT Corporation System

1200 S. Pine Island Rd.

Plantation, FL 33324

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.

Nr. nature of an officer / chairman / vice chairman of the board)

18-00

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SALLIE HAYNES Assistant Secretary (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.

<u>Consi Bryen</u> (Signature of Registered Agent) (Date) If signing on behalf of an entities PECIAL ASSISTANT SECRETARY						
	(Typed or Printed Name)		(Capacity)	<u> </u>		
* * * FILING FEE: \$35.00 * * *						
CR2E045(7/97)	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314			