01000016199		
From: SUSAN G. WHITLATCH (904)301-4460 THE ST. JOE COMPANY 245 Riverside Avenue Suite 500 JACKSONVILLE, FL, 32202	900023780339	
(City/State/Zip/Phone #)	10/14/0301062006 **2395.00 [	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	FILED 2003 OCT 14 PH 3: 39 ALLAHASSEE, FLORIDA	
Office Use Only	J. BRYAN OCT 2 3 2003	

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: RIVERSIDE CORPORATE CENTER, L.L.C.

2. The mailing address of the limited liability company is : \_\_\_\_\_

245 RIVERSIDE AVENUE SUITE 500, JACKSONVILLE, FL 32202

9/20/2001

3. Date of filing/registration in Florida

## L01000016199

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: LAWRENCE DAINE

L		
2	Name 245 RIVERSIDE AVENUE SUITE 500	1003
 	Address ACKSONVILLE, FL 32202 City, State and Zip	TUBOCT 14
6. The name and address of	he new registered agent and/or office:	
C	CHRISTINE M. MARX	PH 3: 39
	Same as above	P A GUR
I	Florida street address (P.O. Box NOT acceptable)	
	<u>FL</u>	. ,
	City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)		
(Printed or typed name of signce)	-lator	
I hereby accept the appoint comply with the provisions of and I am familiar with and a Chapter 508, F.S. Or, if this address/Unereby confirmin- (Signature of Registered Agent)	nent as registered agent and agree to act in this ca f all statutes relative to the proper and complete per ccept the obligations of my position as registered a document is being filed to merely reflect a change alter limited liability company has been notified in the second second second second second second second second the second second second second second second second second second second second second second second second second second second se	pacity. I further agree to prormance of my duties, igent as provided for in in the registered office writing of this change.
	of Corporations, P.O. Box 6327. Tallahassee, FL	37314

is, P.O. DOX 0527, Tananassee, PL 52514 τροι

**FILING FEE: \$25.00**