## 6 LO30000/73291LED 0309 22 AH II: 53

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only

CONTIANT OF STATE CALLAHASSEE, FLORIDA



800024158698

10/15/03--01050--001 \*\*50.00 -

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## 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.

| 3 ,,  |  |   |   |   |  |
|---|--|---|---|---|--|
| 1. The name of the limite   | d liability company is:  | East Bay  | Land Company L  | LC CONTINUE OF STATE  |  |
| 2. The mailing address of   | the limited liability co   | ompany is: _  | P.O. Box 10679,   | Panama City, FL FLORID  |  |
| 32404-1679  |  |   |   |   |  |
| May 14, 2003  |  |   | L03000017329  |   |  |
| 3. Date of filing/registration in Florida   |  |   | 4. Document number  |   |  |
| 5. The name of the register Florida Department of   | ered agent and the regis<br>State:<br>C T Corporation Sv   |   | address as shown o  | n the records of the  |  |
|   | 1200 South Pine Is   | Name  |   |   |  |
|   | Plantation, FL 333   |   |   |   |  |
| 6. The name and address of  | •  | , State and Zi  | •   |   |  |
| o. The name and address t   | •  |   | office.   |   |  |
|   | William G. Harrison  | ·   |   |   |  |
|   | 420 W. Beach Drive   |   |   |   |  |
|   | Florida street address (P.O. Box NOT acceptable)   |   |   |   |  |
|   | Panama City,   | FL 3240   | 1   |   |  |
|   | City, S  | State and Zip   |   |   |  |
| If the limited liability comeonfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of | nange or changes are me<br>the registered agent we<br>by confirmed that the<br>d liability company or      | nade, the Flor<br>ill be identica<br>e change(s) was otherwise    | rida street address on the case of  | lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote of icles of organization or     |  |
| (Signature of a member or authority   | zed representative of a memb   | er)   |   |   |  |
| Julius a Post   | run  |   |   | -   |  |
| (Printed or typed name of signee)  I hereby accept the appoint  | intment as registered a  | goent and acr   | ge to act in this car   | nacity I further garee to   |  |
| I hereby accept the appoint comply with the provision and I am familiar with an Chapter 10% F.S. Or, if the address, I hereby confirm                               | s of all statutes relative<br>d accept the obligation<br>his document is being<br>that the limited liabili | ve to the prop<br>is of my posti<br>filed to mere<br>ty company h | er and complete pe<br>tion as registered a<br>ly reflect a change<br>uas been notified in | racy. I jai ther agree to reformance of my duties, gent as provided for in in the registered office writing of this change. |  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

NHS18(10/99) FILING FEE: \$25.00