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SECRETARY OF STATE ALLAHASSEE. FLORID!

UTB APR -2 AM 9: 0

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: DESTIN-POI	INCIA	NA, LL	С	
2.	(a)	200 W. Jackson St.		(b)	POST	OFFICE BOX 1260
	` , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 200				
		RIDGELAND, MS 39157			RIDGEL	AND, MS 39158
		06/20/2003		_	L0300002	23215
3.		Date of filing/registration in Florida		4.		Document number
5.	(a)	COGENCY GLOBAL INC.				_
		Registered Agent and Registered Office shown on the records	of the	Florida I	Dept. of State	e:
	-	115 NORTH CALHOUN ST.				_
		Registered Office Address (MUST BE FLORIDA STREE	ST AD	DRESS)		2018 AI
		TALLAHASSEE ,	FL_	33602		APR-2 AM 9: 03 AFFIGRY OF STATE AHASSEE, FLORIDA
	(b)	Corporation Service Company				TES A IT
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Of	ffice add	ress:	9: 03
		1201 Hays Street				_
		NEW Registered Office Address:				
		Tallahassee	r.	32301		_
the ag	e cha ent w is/we	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the second street of the cles of organization or the operating agreement of the second street of the seco	laws of th liabi	of the S ie regist ility cor the limit nited lia	ered office npany, it is ted liability ability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
	Signat	ure of a member or authorized representative of a member		JIII C	imi, Autho	Printed or typed name of signee
I i prothe to no	herel ovisie obli mere tified	by accept the appointment as registered agent and cons of all statutes relative to the proper and complete gations of my position as registered agent as provided in the registered office address, it in writing of this change. The of Registered Agent Corporation Service Company	efe pe ided f , I hei	erforma for in Ci reby coi	nce of my hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
			· -	<225 E	on 11 1	TH 20244