L030000 44862

| (Requestor's Name) (Address) | 300040992603 |
|---|----------------------------------|
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL (Business Entity Name) | 09/15/0401016003 **25. 00 |
| (Document Number) | 1.5; A. |
| Certified Copies Certificates of Status | DU SEP 15 |
| Special Instructions to Filing Officer: | ARY OF STATE ARSSEE, FLORIDA |
| | |

Office Use Only

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: Caya Costa Land holdings, LI |
| 2. The mailing address of the limited liability company is: 912 Lotorda Circle. |
| Rotonda West, FL 3399 |
| 11/12/2003 |
| 3. Date of filing/registration in Florida 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: Barbara C Geist Name |
| 912 Rotonda Circle Rotonda West FL 33947 City, State and Aip |
| 6. The name and address of the new registered agent and/or office: |
| Barbara C. Duff |
| 8282 Wiltshire Dr. |
| Florida street address (P.O. Box NOT acceptable) |
| Port Charlotty FL 33981 |
| 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 representation of a member) |
| Barbara C. Duff f/Kla Barbara G. Gaist (Printed or typed name of signee) |
| 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. |
| (Signature of Registered Agent) |

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

INHS18(10/99)

FILING FEE: \$25.00