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COVER LETTER

Division of Corporations	
SUBJECT: PARADISE POINTE, L.L.	
(Name o	f Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Lynne Lewis, Legal Department Coord	ZOLO ALLA
(Name of Person) The St. Joe Company	16 PH 1: 51 SSEE. FLORIS
(Firm/Company)	
133 South WaterSound Parkway	
(Address)	
WaterSound, FL 32413 (City/State and Zip Code)	
(· • · · · · · · · · · · · · · · · · ·	
For further information concerning this matte	r, please call:
Lynne Lewis	at (_904) 301-4459
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
	☐ \$55 Filing Fee & Certified Copy

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.

ř	
1. Name of the limited liability company:	Paradise Pointe, L.L.C.
2. (a) Principal office address of limited lia (Note: MUST BE STREET ADDR	
(b) Mailing address of limited liability c (Note: MAY BE POST OFFICE E	ompany: 30X) 133 South WaterSound Parkway WaterSound, FL 32413
February 11, 2005	L05000015600
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Of	fice shown on the records of the Florida Dept. of State:
Registered Agent:	The St. Joe Company
Registered Office Address:	245 Riverside Avenue, Suite 500 Jacksonville, FL 32202
(b) Enter name of <u>NEW Registered Age</u> <u>NEW Registered Agent:</u>	ent and/or NEW Registered Office address:
NEW Registered Agent. NEW Registered Office Address: (MUST BE FLORIDA STREET AL	William Of
that after the change or changes are made, the office of the registered agent will be identical hereby confirmed that the change(s) was/we liability company or as otherwise provided i limited liability company. (Signature of a member or arthorized representative of a member of a member or arthorized representative of a member or arthorized representative of a member of a member or arthorized representative of a member of a member or arthorized representative of a member of a me	
Reece B. Alford, Secretary — The ! (Printed or typed name of signee)	St. Joe Company, member
I hereby accept the appointment as register comply with the provisions of all statutes relam familiar with and accept the obligations F.S. Or, if this document is being filed to me confirm that the limited liability company has By: When I was a light of Registered Agent)	ed agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, and I of my position as registered agent as provided for in Chapter 608, erely reflect a change in the registered office address, I hereby is been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00