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COVER LETTER

Division of Corporations			
SUBJECT: Great Southern Riverwa		ility Company)	
(Name of L	Jiiiiiled Liab	mity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Chang	e and fee(s) are submitted f	or filing.
Please return all correspondence concerning			
Kristie Busby			
(Name of Person)			Ā _C C
Matthews & Hawkins, P.A.		_	07 DEC -7
(Firm/Company)			-7
4475 Legendary Drive			7 PH I2: 54
(Address)		Ş	25 £
Destin, Florida 32541			•
(City/State and Zip Code)			
For further information concerning this matte	er, please cal	II:	
Kristie Busby	at (850	837-3662	
(Name of Person)	((Area Code & Daytime Te	elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.(AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclosed is a check for the followin	g amount:		
\$25 Filing Fee	□ \$	55 Filing Fee & Certified C	Сору

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	d liability company is:	Great Southern Riverwalk, LL	С				
2. The mailing address of the limited liability company is : 3925 W. Co. Rd. 30-A, Suite B							
Santa Rosa Beach, Flor							
05/31/2007 L07000057645							
Date of filing/registration in Florida 4. Document nu							
5. The name of the register Florida Department of S	red agent and the regist State:	ered office address as shown of	on the re	cords	of the		
Great Southern Developers, LLC							
	Name						
	3925 W. Co. Rd. 3		₽.c	0			
		Address	μö	07 DEC	ORDEN		
Santa Rosa Beach, Florida 32459					18		
	City, S	State and Zip	TAR IASS) -7	(222200		
o. The name and address of the new registered agent and/or office.							
Dana C. Matthews			STATE FLORIDA	PM 12: 54			
	Name 4475 Legendary Drive						
•	Florida street address	(P.O. Box NOT acceptable)					
	Destin_	FL 32541					
City, State and Zip							
confirmed that after the chand the business office of liability company, it is her	lange or changes are ma the registered agent will be confirmed that the	ander the laws of the State of Fade, the Florida street address of the identical. Or, in the case change(s) was/were authorized or as otherwise provided in the company.	of the re of a Flo d by an :	gister rida li affirm	ed office mited ative vote		

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 duties, 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)

(Signature of member or authorized representative of a member)

(Printed or typed name of signee)