Division of Corporations Florida Department of State Division of Corporations Public Access System
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To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (850) 222-1092 Fax Number : (850) 878-5368 REGISTERED AGENT CHANGE
VENTURA PROPERTIES, INC. VENTURA PROPERTIES, INC. Certificate of Status Certified Copy Page Count Estimated Charge \$35.00 Certified Copy Certified Cop
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT'OR BOTH FOR CORPORATIONS

1. The name of the corporation: VENTURA PROPERTIES, INC.

2. The principal office address: 5946 CURRY PORD ROAD ORLANDO FL 32822 US

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- 3. The mailing address (if different): ______ 200 SOUTH ORANGE AVENUE SUITE 2300 ORLADNO FL 32801-3432 US
- 4. Date of incorporation/qualification: 11/3/1989 Document number: L27915
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

A.G.C. CO

200 S ORANGE AVE, STE 2300

ORLANDO FL 32801 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

(P.O. Box NOT acceptable)

C T Corporation System

e/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so duthorized by the board, or the corporation has been notified in writing of the change.

Thatwy of an officer or directory

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Thereby 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

arlang By: (Signature of Registered Agent

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If signing on behalf of an entity:

Special Assistant Coordary

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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