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(Danue 1 1 h)			
 From: SUSAN G. WHITLATCH (904)301 –4460 THE ST. JOE COMPANY 245 Riverside Avenue Suite 500 JACKSONVILLE, FL, 32202 			
(City/State/Zip/Phone #)			
(Only/Guale/Lip/Filone #)			
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ATTACK SEE FLORIDA

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.

-	ss of the limited liability co	RIVERCREST TITLE, LLC ompany is:
,	• • •	CKSONVILLE, FL 32202
3/15/2002		M0200000674
3. Date of filing/regis	tration in Florida	4. Document number
5. The name of the reg Florida Departmen	gistered agent and the regis t of State: LAWRENCE PAIN	stered office address as shown on the records of the
· · · · · · · · · · · · · · · · ·	245 RIVERSIDE A	Name VENUE SUITE 500
	JACKSONVILLE, F	Name VENUE SUITE 500 Address FL 32202 State and Zip Igent and/or office: ARX
6. The name and addr	ess of the new registered a	gent and/or office:
	CHRISTINE M. MA	ARX GEOGRA
		Name Bhoul
•	Florida street addres	ss (P.O. Box NOT acceptable)
	City	FL State and Zip
confirmed that after the and the business office liability company, it is the members of the lithe operating agreement.	he change or changes are n	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or company.
(Printed or typed name of si	gnce)	g of garage
I hereby accept the a comply with the prov and I am familiar wit Chapter 608, F.S. Or address, I hereby con	appointment as registered a isions of all statules relative in and accept the obligation in this document is being thing that the limited liability	ngent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change.
(Signature of Registered As		- Washington and the second of

INHS18(10/99)

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