## M02000001448

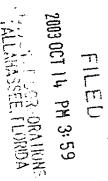
(Description )				
From: SUSAN G. WHITLATCH (904)301-4460 THE ST. JOE COMPANY				
245 Riverside Avenue				
— Suite 500				
JACKSONVILLE, FL, 32202				
(City/State/Zip/Phone #)				
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J. BRIVAN OCT 2 3 2003

## 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.

agent, or both, in the blue	•			
1. The name of the limite	d liability company is: PA	SEOS MORTGAGE, LLC		
	the limited liability compar			
245 RIVERSIDE AVEI	IUE SUITE 500, JACKSO	NVILLE, FL 32202		
6/4/2002		M02000001448		
3. Date of filing/registrat	ion in Florida	4. Document number		
5. The name of the register Florida Department of		office address as shown on th	e records of the	
	LAWRENCE PAINE		.t	
	Nan 245 RIVERSIDE AVEN		_	
	Addi JACKSONVILLE, FL 32 City, State	202	FILED 2003 OCT 14 PM 3: 5	
6. The name and address of the new registered agent and/or office:  CHRISTINE M. MARX				
	CHRISTINE M. MARX			
	Same as about	2	GRA FLOOR	
	Florida street address (P.C		STION:	
	FL		**************************************	
	City, State a	nd Zip		
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of Signature of a member or author	nange or changes are made, the registered agent will be reby confirmed that the chand liability company or as off the limited liability compa	the laws of the State of Florithe Florida street address of the florida. Or, in the case of a ge(s) was/were authorized by herwise provided in the article my.	registered office	
(Printed or typed name of signee I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Photeby confirm (Signature of Registered Agent)		and agree to act in this capaci he proper and complete perfo ny position as registered agen to merely reflect a change in t npany has been notified in wr	ity. I further agree to rmance of my dutics, it as provided for in he registered office iting of this change.	

1 22.7

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

INHS18(10/99)

**FILING FEE: \$25.00**