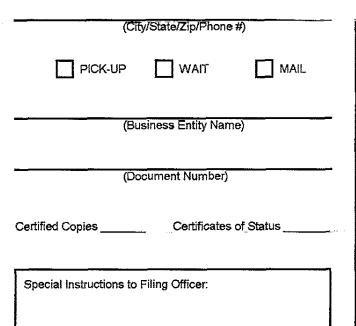
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- From: SUSAN G, WHITLATCH (904)301-4460
  THE ST. JOE COMPANY
  245 Riverside Avenue
- Suite 500
  JACKSONVILLE, FL, 32202



Office Use Only



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## 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 liability company is: PASEOS TITLE, LLC 2. The mailing address of the limited liability company is: 245 RIVERSIDE AVENUE SUITE 500, JACKSONVILLE, FL 32202 M02000001452 6/6/2002 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: LAWRENCE PAINE Name 245 RIVERSIDE AVENUE SUITE 500 Address JACKSONVILLE, FL 32202 City, State and Zip 6. The name and address of the new registered agent and/or office: CHRISTINE M. MARX as above Florida street address (P.O. Box NOT acceptable) City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. member or authorized representative of a member) (Signature of a (Printed or typed name of signce) 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.

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

INHS18(10/99)

mature of Registered Agent)

**FILING FEE: \$25.00**