(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
A. LUNT	
/ FO! 4 !	
- AUG 1 8 2010	
EXAMINER (2)	
(0)	

Office Use Only



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SŢJOE

August 10, 2010

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

Re: <u>Statement of Change of Registered Office for Limited Liability Companies</u>

Dear Sir or Madam:

Please find enclosed the form required to change the registered office address for each one the following entities:

- 1. Artisan Park, L.L.C.
- 2. East San Marco, LLC
- Paradise Pointe, L.L.C.
- 4. Park Point Land, LLC
- 5. Paseos, LLC
- 6. Rivercrest, LLC
- Southeast Bonded Homebuilder Warranty Association, L.L.
- 8. SweetTea Publishing, LLC

Our check in the total amount of \$200.00 is also enclosed to cover the filing fee for each.

Please do not hesitate to call me at (904) 301-4459 if there is any question. Your assistance is appreciated.

Sincerely,

Lynne Lewis

Legal Dept Coordinator

/II Enclosures 133205.1

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ARTISAN PARK, L.L.C. (Name	e of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Lynne Lewis, Legal Department Coo (Name of Person)	
The St. Joe Company (Firm/Company)	2010 AUG 16 PM SEERELARY 98 FALLAHASSEELF
133 South WaterSound Parkway (Address)	M 2: 26 FLORIBA
WaterSound, FL 32413 (City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Lynne Lewis	at (_904) 301-4459
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ing amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Art	tisan Park, L.L.C.
2. (a) Principal office address of limited liabili (Note: MUST BE STREET ADDRESS	ty company:
(b) Mailing address of limited liability comp (Note: MAY BE POST OFFICE BOX	
July 16, 2003	M03000002419
3. Date of filing/registration in Florida	4. Document number
·	shown on the records of the Florida Dept. of State:
Registered Agent:	Reece B. Alford
Registered Office Address:	245 Riverside Avenue, Suite 500 November 1 32202
(b) Enter name of <u>NEW Registered Agent</u>	and/or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDR	RESS) 133 South WaterSound Parkway WaterSound ,FL 32413
that after the change or changes are made, the Fl office of the registered agent will be identical. (hereby confirmed that the change(s) was/were a liability company or as otherwise provided in the limited liability company.	under the laws of the State of Florida, it is hereby confirmed lorida street address of the registered office and the business Dr, in the case of a Florida limited liability company, it is uthorized by an affirmative vote of the members of the limited e articles of organization or the operating agreement of the
(Signature of a member or authorized representative of a member of signe of si	Jac Compay, member
I hereby accept the appointment as registered a comply with the provisions of all statutes relative am familiar with and accept the obligations of m. F.S. Or, if this document is being that to merely confirm that the limited liability company has be By: (Significate of Registered Agent)	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, and I iy position as registered agent as provided for in Chapter 608, is reflect a change in the registered office address, I hereby seen notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00