M97000000544

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ACCOUNT NO. : 072100000032

REFERENCE : 522225

SWEET BY STANSON OF SALES OF S

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: August 3, 2005

ORDER TIME : 1:18 PM

ORDER NO. : 522225-080

CUSTOMER NO: 7110113

CUSTOMER: Ms. Cynthia Rubio

Csx Corporation

500 Water Street, C160

Jacksonville, FL 32202

CHANGE OF AGENT

NAME: CSX REALTY DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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 limite	d liability company is:	CSX REALT	Y DEVELOPMENT,	LLC .		
2. The mailing address of the limited liability company is:						
500 Water Street,	Jacksonville, FL 3	32202		·		
08/21/1997	<u>.</u>		M97000000544			
3. Date of filing/registrati	on in Florida		4. Document nun	nber		
5. The name of the register Florida Department of S		stered office a	ddress as shown o	on the records of the		
	C T Corp	poration Sy	stem			
		Name				
	1200 South	h Pine Isla	nd Rđ.	10 9		
Address						
	Plantation, FL 33324					
City, State and Zip						
Address Plantation, FL 33324 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name						
	Corporation	n Service C	ompanv	The state of the s		
	<u> </u>	Name		ALL GO		
1201 Hays Street			P			
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City, S	State and Zip				
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the	nange or changes are methe registered agent with the confirmed that the diability company or f the limited liability company or the liability	nade, the Flori ill be identica change(s) was as otherwise ompany.	ida street address of	of the registered office		
Maureen Cullen, Attor (Printed or typed name of signee)	mey in Fact on beh	nalf of Don	na W. Melton, N	Manager		
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered a s of all statutes relative d accept the obligation his document is being that the limited liabili	gent and agre e to the prope is of my positi filed to merel ty company hi	ee to act in this cap or and complete pe ion as registered a y reflect a change as been notified in	pacity. I further agree to erformance of my duties, gent as provided for in in the registered office writing of this change.		

(Signature of Registered Agent)

INHS18(10/99)

Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00