N00000001306

08/06/2012 MON 08:16 FAX 7840857 001/003

Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
EMERALD POINTE RESORT OWNERS ASSOCIATION, INC.

Certificate of Status	1
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8/6/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EMERALD POINTE RESORT OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N00000001306

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOUGLAS L. SMITH, ESQ
Name of Contact Person

BURKE BLUE HUTCHISON WALTERS & SMITH, P.A.
Firm/Company

221 MCKENZIE AVE
Address

PANAMA CITY, FL 32401
City/State and Zip Code

dsmith@burkeblue.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS L. SMITH at (850) 769-1414
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

PANAMA CITY, FL 32401

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: EMERALD POINTE RESORT OWNERS ASSOCIATION, INC.
2. The principal office address: 1219 THOMAS DRIVE, PANAMA CITY BEACH, FL 32408
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/28/2000 Document number: N00000001306
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DIANNE ALLEN
7902 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DOUGLAS L. SMITH
221 MCKENZIE AVE
P.O. Box NOT acceptable
PANAMA CITY, FL 32401

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TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ron Arnold — RON ARNOLD, PRES. HOA.
Signature of an officer or director — Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent — 7/12/12 Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)