

ACCOUNT	NO.	:	072100000032
MCCCONI	TAC		Q12100000022

REFERENCE: 173831 4390546

AUTHORIZATION :

COST LIMIT : \$ 35.00

CA Chance

ORDER DATE: June 5, 2001

ORDER TIME : 1:39 PM

ORDER NO. : 173831

CUSTOMER NO: 4390546

CUSTOMER: Ms. Robin Huffman

Wci

Suite 300

24301 Walden Center Drive Bonita Springs, FL 34134

CHANGE OF AGENT

NAME: WCI MITIGATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

300004342363---8

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER:

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 716.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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 corporation:

WCI Mitigation, Inc.

2. The mailing address of the corporation:

> 24301 Walden Center Drive Bonita Springs, Florida 34134

- Date of incorporation/qualification: 5/14/2001 3. Document number: N01000003376
- 4. The name and address of the current registered agent and office:

Ruth B. Kinsolving One Harbour Place, Suite 500 Tampa, Florida 33602

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

> Vivien N. Hastings 24301 Walden Center Drive, Suite 300 Bonita Springs, Florida 34134

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.

(signature of officer, chairman or vice chairman of the board)

Printed Name: Tom Conrecode

Title: Vice President

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

signature of Registered Agent

Printed Name: Vivien N. Hastings