

P000000/4216

Requester's Name	
Address	
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #) 300003505343--1
-12/19/00--01033--001
*****35.00 *****35.00
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Walk in | <input type="checkbox"/> Pick up time _____ | <input type="checkbox"/> Certified Copy |
| <input type="checkbox"/> Mail out | <input type="checkbox"/> Will wait | <input type="checkbox"/> Certificate of Status |
| | <input type="checkbox"/> Photocopy | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☒ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

FILED
00 DEC 19 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials

ae 12-01

**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, 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 : ST JOE BROKERS INC.
2. The mailing address of the corporation : 528 CG COSTIN BLVD, SUITE C
PORT ST JOE FL 32456
3. Date of incorporation/qualification: 1, 28, 2000 Document number: P00000014216
4. The name and address of the current registered agent and office:

SANDRA K SMOCK
528 CG COSTIN BLVD, SUITE C
PORT ST JOE FL 32456

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

DAVID H LITHWAY JR
528 CG COSTIN BLVD, SUITE C
PORT ST JOE FL 32456

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.

Sandra K Smock
(Signature of an officer, chairman or vice chairman of the board)

11/6/00
(Date)

Sandra K. Smock, President
(Printed or typed name and title)

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.

David H Lithway Jr
(Signature of Registered Agent)

11/6/00
(Date)

If signing on behalf of an entity:

ST JOE BROKERS INC
(Typed or Printed Name)

President
(Capacity)

David H Lithway JR

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