P00000086417

MACFARLANE FERGUSON & McMulle ATTORNEYS AND COUNSELORS AT LAW P.O. BOX 1531 TAMPA. FLORIDA 33601-1831 (Address)	500041409555
(City/State/Zip/Phone #)	10/07/0401031028 **35.00
(Business Entity Name)	Rochange
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Florida
		zistered agent, or both, in the State of Florida.
1. The name of	the corporation: Port Tampa Commun	nities, Inc.
2. The principal	l office address: 201 North Franklin S	treet, Suite 200
Tampa, FL		<u></u>
3. The mailing	address (if different): Post Office Box	1531, Tampa, FL 33601
4. Date of incor	rporation/qualification: 09/11/00	Document number: P00000086417
	nd street address of the current registere artment of State:	ed agent and registered office on file with the
	Carter B. McCain	
	400 North Tampa Street, Suite 230	0
	Tampa, FL 33602	
6. The name an (if changed):		agent (if changed) and /or registered office
	Carter B. McCain	
	201 North Franklin Street, Suite 20	ب من نسلتر
	(P.O. Box NOT accept	Table)
	Tampa, FL 33602	· · · · · · · · · · · · · · · · · · ·
The street addr	ress of its registered office and the str ll be identical.	reet address of the business office of its registered agent,
Such change wauthorized by	vas authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.
Signa	flure of an officer or affector)	Carter B. McCain, Vice President (Printed or typed name and title)
I hereby accep I further agree of my duties, a document is be corporation ha	of the appointment as registered agen to comply with the provisions of all and I am familiar with and accept the cing filed merely to reflect a change i as been notified in writing of this chai	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
	Signature of Registered Agent)	(Date)
If signing on b	ehalf of an entity:	•
	(Typed or Printed Name)	en e
	e e e	

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