PDD000094637

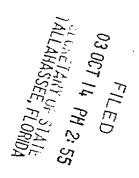
(Requestor's Name)
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TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: VICTORIA PARK REAL ESTATE, INC.	
(Name of corporation)	
DOCUMENT NUMBER: P00000094637	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fill	ing.
Please return all correspondence concerning this matter to the following:	
SUSAN G. WHITLATCH (Name of person)	
THE ST. JOE COMPANY	
(Name of firm/company)	
245 RIVERSIDE AVENUE SUITE 500	
(Address)	
JACKSONVILLE FL 32202	
(City/state and zip code)	
For further information concerning this matter, please call:	
SUSAN G. WHITLATCH at (904) 301-4460 (Name of person) (Area code & daytime telephone number)	
(Name of person) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	TÄLL

FILED

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ARKELARY OF STATE

CHARLARY OF STATE

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

Pursuant to the provisions of this statement of change is subs FLORIDA in order		nized under the laws of	the State of	
of Florida. 1. The name of the corporation		-	n oon, in the state	
2. The principal office address:			E FL 32202	
3. The mailing address (if diffe	rent):			
4. Date of incorporation/qualifi	cation: 10/4/2000	Document number: _	P00000094637	
5. The name and street address Florida Department of State: LAWRENCE F	of the current registered ager	at and registered office of	n file with the	
245 RIVERSII	DE AVENUE SUITE 500			
JACKSONVIL	LE FL 32202			
6. The name and street address changed): CHRISTINE M. CONNE	MARX		registered office (i	i f
The street address of its regist agent, as changed will be iden	ered office and the street additional.	lress of the business off	 ice of its registered	Į
I hereby accept the appointme I further agree to comply with	nt as registered agent and a the provisions of all statutes	usan G. Whitlatch ssistant Secretary gree to act in this capac relative to the proper of	te) city. and complete	
performance of my duities, and registered agent. Or, if this do office address I hereby confir	ocument is being filed merel in that the corporation has b	v to reflect a change in	the registered	
If signing on behalf of an entity:			03 (51.0 TALL	
(Typed or Printed Nam	* * * FILING FFF: \$34	(Capacity)	AH AH	سد : سو ه

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 TIL PH 2:

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