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To: Division of Corporations
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From: Account Name : JAMES W. MARTIN, P.A.
Account Number : 072720000066
Phone : (727) 821-0904
Fax Number : (727) 823-3479

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

KINGS APARTMENTS, INC.

Certificate of Status	0
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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: KINGS APARTMENTS, INC.
2. The principal office address: 4201 - 49TH STREET NORTH, ST. PETERSBURG, FL 33709
3. The mailing address (if different): 470 THIRD STREET SOUTH #702, ST. PETERSBURG, FLORIDA 33701
4. Date of incorporation/qualification: 2/20/2001 Document number: P01000018877

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JAMES W. MARTIN
111 - 2ND AVE NE #703
ST. PETERSBURG, FL 33701

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

CLAUDINE R. DeLACQUESEAU
470 THIRD STREET SOUTH #702
(P.O. Box NOT acceptable)
ST. PETERSBURG, FLORIDA 33701

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.

Claudia R. DeLacqueseau
(Signature of an officer or director)

CLAUDINE R. DeLACQUESEAU, President
(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.

Claudia R. DeLacqueseau
(Signature of Registered Agent)

8/16/05
(Date)

If signing on behalf of an entity:

CLAUDINE R. DeLACQUESEAU
(Typed or Printed Name)

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

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