## P03000060962

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	» #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
Ra	mly	



Ra Change Ta 10/17/03



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ALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

SUBJECT: CROOKED CREEK REAL ESTATE COMPANY (Name of corporation)	· · · · · · · · · · · · · · · · · · ·	•,
DOCUMENT NUMBER: P03000060963		
The enclosed Statement of Change of Registered Office/Agent ar	nd fee are submitted for filing.	
Please return all correspondence concerning this matter to the fol	lowing:	
SUSAN G. WHITLATCH		
(Name of person)	<del></del>	
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:		
al ( )	001-4460 aytime telephone number)	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section Division of Corporations

TO:

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FILED

03 OCT 14 PH 2: 55
TALLANDERS OF STALE

## 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 FLORIDA	f change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State
of Florida.	
1. The name of	the corporation: CROOKED CREEK REAL ESTATE COMPANY
2. The principal	office address: 245 RIVERSIDE AVENUE SUITE 500, JACKSONVILLE FL 32202
3. The mailing a	ddress (if different):
4. Date of incor	poration/qualification: 6/3/2003 Document number: P03000060963
5. The name and	I street address of the current registered agent and registered office on file with the tment of State:  LAWRENCE PAINE
	245 RIVERSIDE AVENUE SUITE 500
	JACKSONVILLE FL 32202
6. The name ar changed):	d street address of the new registered agent (if changed) and /or registered office (if  CHRISTINE M. MARX  (P.O. Box or personal mailbox NOT acceptable)
	ss of its registered office and the street address of the business office of its registered will be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.  Susan G. Whitlaich  Chairman of vice chairman of the board)  **Signatured or typed name and title)
I hereby accept I further agree performance of registered agen office address, (\$\sqrt{S}\$ If signing on behal	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as t. Or, if this document is being filed merely to reflect a change in the registered hereby confirm that the corporation has been notified in writing of this change.  To an entity:  (Capacity)  *** FILING FEE: \$35.00 ***
	Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314