Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

REGISTERED AGENT CHANGE

WILDER FLORIDA PROPERTIES, INC.

NED NED	AH 8: 00	CORPOFATION
RECE	07 JUL 19	INSION OF CO

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7/19/2007 11:22:48 AM

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statt uange is submitted for a corporation organized under the laws of the State of \underline{Flo} der to change its registered office or registered agent, or both, in the State of Flori	orida	
I. The name of	f the corporation: WILDER FLORIDA PROPERTIES, INC.		
	al office address: 800 BOYLSTON STREET, SUITE 1300, BOSTON MA	02199	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 07/07/2003 Document number: P0300007	4255	
	nd street address of the current registered agent and registered office on file with the artment of State:	he	
	SMITH, MATTHEW S ESQ.		
	200 SOUTH ORANGE AVENUE, SUITE 2300		
	ORLANDO FL 32801	SEC	07.
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office :	RETAR	JH 19
	CorpDirect Agents, Inc.	EF CF	9 PM
	515 East Park Avenue	. ST/	. <u>.</u>
	(P.O. Box NOT acceptable) Tallahassee, FL 32301	ATE RIDA	بر بر
The street addr as changed wil	ress of its registered office and the street address of the business office of its re ill be identical.	egistered agent	
	was authorized by resolution duly adopted by its board of directors or by an off the tolard, or the corporation has been notified in writing of the change. Authorized by resolution duly adopted by its board of directors or by an off the tolard, or the corporation has been notified in writing of the change.	TREASUN	ê
	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and completed a familiar with and accept the obligation of my position as registered agent filed merely to reflect a change in the registered office address, I hereby to as been notified in writing of this change. The provided in writing of the change of Registered Agents (Date)	ste performanc gent. Or, if thi confirm that the	e s ;
	dlock, Assistant Secretary		
	(Typed or Printed Name)		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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