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To:

Division of Corporations

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From:

Account Name : CORPORATION SERVICE COMPANY

Account Number

: 120000000195 : (850)521-1000

Phone Fax Number

: (850)558-1575

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REGISTERED AGENT CHANGE

COWFORD RIVERFRONT INC.

Certificate of Status	0	
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SECRETARY OF STATE

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, ange is submitted for a corporation organized under t er to change its registered office or registered agent, o	he laws of the State of Florida	
	the corporation: COWFORD RIVERFRONT INC.		
2. The principal	office address: 1400 marsh Landing parkway, Suite 10	09, Yacksonville Beach, FL 32250)
3. The mailing s	address (if different):		
4. Date of incorp	poration/qualification: May 12, 2005 Docum	ment number: P05000070660	
	d street address of the current registered agent and reg rtment of State:	distered office on file with the	SEI
	CSC Service Corporation		ERE T
	1201 Hays St.		V 22 V ASSEE
	Tallahassee, FL 32301		E 0 2
6. The name and (if changed):	d street address of the new registered agent (if change	d) and /or registered office	11_ED 22 PN 11: 30 TARY OF STATE ASSEE FLORIDA
	Corporation Service Company	<u> </u>	
	1201 Hays Street		
	(P.O. Box NOT acceptable)		
	Tallahassee, FL 32301		
	ess of its registered office and the street address of t		
Such change was authorized by the	as authorized by resolution duly adopted by its boar he board, or the corporation has been notified in wri-	d of directors or by an officer ring of the change.	80
X		. Seay, Incorporator	· · · · · · · · · · · · · · · · · · ·
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to a is comply with the provisions of all statutes relative at a familiar with and accept the obligation of ming filed merely to reflect a change in the registered seen notified in writing of this change.	(Frinted or typed name and title) not in this capacity, to the proper and complete p y position as registered agent office address, I hereby confi	erformance Or, if this rm that the
Corporation	service Combany	/// <u>00 10005</u>	
	chalf of an entity:		
Deborah D. Skip	oper, Asst. V.P.		
רו	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)