2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000073738

Entity Name: THE OFFICE CONDO COMPANY, INC.

FILED Sep 30, 2008 Secretary of State

3947 BLVD CENTER DRIVE SUITE 100 751 OAK STREET JACKSONVILLE, FL 32207

SUITE 610

JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

3947 BLVD CENTER DRIVE SUITE 100 P.O.BOX 10233

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32247

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOCKWOOD, JOHN D LOCKWOOD, JOHN D 3947 BLVD CENTER DRIVE SUITE 100 751 OAK STREET

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32204 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN D. LOCKWOOD 09/30/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete (X) Change () Addition

LOCKWOOD, JOHN D LOCKWOOD, JOHN D Name: Name: 3947 BLVD CENTER DRIVE SUITE 100 Address: 751 OAK STREET SUITE 610 Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32204

Title: Title: (X) Change () Addition () Delete

Name: FREELAND, ROBERT C Name: FREELAND, ROBERT C 3947 BLVD CENTER DRIVE SUITE 100 Address: 751 OAK STREET SUITE 610 Address: JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32204 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

AKERS, JAMES E Name: Name:

6817 SOUTHPOINT PARKWAY SUITE 1304 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. LOCKWOOD 09/30/2008 D