P35613

	536		
CT CORPORATION SYST	EM		
Requestor's Name 660 East Jefferson	Street		
Address	301 222-1092		
City State Zip	Phone		
CORPOR	ATION(S) NAME	600002271 08/19/970 *****35.00	2560)1057018 _*****35.00
			_
		TALE.	- 97 M
	Fork Course USI'	SS.	61 JUL
() Profit () NonProfit	() Amendment	tr sTATE FLORIDA () Merger	PH 4: 12
() Limited Liability () Foreign	Co. () Dissolution/V		_
() Limited Partnership () Reinstatement	() Annual Repo () Reservation	ort () Other UCC Fi () Change of R.A () Fig. Name	
() Certified Copy	() Photo Copie		_
() Call When Ready Walk In () Mail Out	() Call if Proble	m () After 4:30 Pick Up	- -
Name Availability Document Examiner	5:-19-97	PLEASE RETURN EXTRA FILE STAMPED THANKS, MELANIE (3)	
Verifier Acknowledgment	d	THANKS, MELANIE @ SSISSION STATES	

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.			
1a. The name of the corporation is: Ra	ANK LEISURE USA, INC.		
1b. Date of incorporation _9/23/91	Document number P35613		
2. The name and address of the curre	>S ≥ 175		
1201 Hays Street, Suite 105, Talla	ahassee, FL 32301		
3. The name and address of the new re (P.O. Box Not Acceptable) C T CORPO	gistered agent and office:		
C/O C T CORPORATION SYSTEM, 1200	South Pine Island Rd., Plantation, Florida 3332		
Such change was authorized by resolut an officer so authorized by the board. SIGNATURE DATE	Lestic O. Jones Secretary Typed or printed name and title		
PROCESS FOR THE ABOVE STATED OF IN THIS CERTIFICATE, I HEREBY ACCURAGENT AND AGREE TO ACT IN THIS OF WITH THE PROVISIONS OF ALL STATE PLETE PERFORMANCE OF MY DUTIES THE OBLIGATION OF MY POSITION A	ED AGENT AND TO ACCEPT SERVICE OF CORPORATION AT THE PLACE DESIGNATED CEPT THE APPOINTMENT AS REGISTERED CAPACITY. I FURTHER AGREE TO COMPLY UTES RELATIVE TO THE PROPER AND COM- S, AND I AM FAMILIAR WITH AND ACCEPT S REGISTERED AGENT. C T CORPORATION SYSTEM IGNATURE BY: WOLLD MANY R. Adams (Registered Agent) Asst. Sec.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (7-91)
FILING FEE: \$35.00

(FLA. - 2194 - 3/4/92)