## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

: CORPORATION SERVICE COMPANY Account Name

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REGISTERED AGENT CHANGE

SENECA LAND COMPANY, INC.

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ	ized under the laws of the State of Plorida	
in order to change its registered office or regist	• •	
The name of the corporation: Seneca Land Company, Inc.     The principal office address: 3501 W. Hallandale Beach Bivd., Pembroke Park, Plorida 33023		
4. Date of incorporation/qualification: 09/24/1993	Document number: P93000066797	
<ol> <li>The name and street address of the current registered a Florida Department of State:</li> </ol>	gent and registered office on file with the	
Jesse H. Diner		
100 SE 3rd Avenue, Suite 1400		
Fort Lauderdale, FL 33394		
<ol> <li>The name and street address of the new registered agen (if changed):</li> </ol>	t (if changed) and for registered office	
Corporation Service Company		
1201 Hays Street		
(P.O. Box NOT acceptable)		
Tallahaeses, FL 32301		
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corresponding has been no	by its board of directors or by an officer so tified in writing of the change.	
1415UN VIII	Brown Badgatt, Ir.	
(Squame gen open anecory  I hereby accept the appelatment as registered agent an  I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oble document is being filed merely to reflect a change in  corporation has been notified in writing of this change.	(Final or typed since and the) d agree to act in this capacity, the relative to the proper and complete performance typation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
Comporation Service Company  By: (Signature of Registered Agent)	2-28-06 800	
If signing on behalf of an entity:		
Kim Peters		
(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
CRIED45 (\$705)