- *KATHLEEN REYNOLDS -*

Kathleen Reynolds, Esq.

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Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

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Re: Veach Resort Properties, Inc.

Dear Sir/Madam:

In reference to the above-mentioned corporation, enclosed herewith for filing please find the Statement of Change of Registered Office or Registered Agent, or Both. Also enclosed is my firm check in the amount of \$35.00 representing the filing fee.

Thank you for your assistance in this regard. Should you have any questions, please do not hesitate to contact me.

Sincerely,

KATHLEEN REYNOLDS

KR:gp

cc: Kerry Veach

98 JAN 26 PH 2: 16 SECRETARY OF STATE VALLAHASSEE, FLORIDA

RA. Change

Del/27

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH To the Secretary of State of the State of Florida. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statones undersigned corporation, organized under the laws of the staff FLORIDA , submits the following statement for the purpose changing its registered office or registered agent, or both, in the State of Florida. FIRST: The name of the corporation is VEACH RESORT PROPERTIES, INC. SECOND: The address of its present registered agent is 127 East Highway 98. Suite 3-A. Destin, Florida 32541 THIRD: The address to which its registered agent is to be changed is ____ 305 Main Street, Destin, Florida 32541 FOURTH: The name of its present registered agent is ___ Colleen P. Coffield, Esquire FIFTH: The name of its successor registered agent is Kathleen Reynolds, Esquire SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical. SEVENTH: Such change was authorized by resolution duly adopted by its board of directors. Dated January 9 _____, 1998. VEACH RESORT PROPERTIES, INC. (exact corporate name) SIGNATURE: DATE: HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE

DIVISION OF CORPORATIONS - PO BOX 6327 - TALLAHASSEE, FL 32314

DATE:

SIGNATURE

DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

FILING FEE:

\$35.00