Division of Corporations

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

: GREEN SCHOENFELD & KYLE LLP Account Name

Account Number: I2000000177 Phone : {941}936-7200 : (941)936~7997 Fax Number

REGISTERED AGENT CHANGE

CORRAL SOUTH STORE 3, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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, 617.0502, 607.1508, 6r 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State ofFlorida						
submits the following statement in order to change its registered office or registered agent, or both, in						
the State of Flo	orida.					
1. The name of the corporation: Corral South Store 3, Inc.						
2. The mailing	address of the corporation	4101 Evans Ave	nue			
For	t Myers, Florida 3390	01				
3. Date of inc	orporation/qualification: 3/	20/95	Document number: P9500	0022370		
4. The name as	nd address of the current re	gistered agent and off	ice:	in O		
	David_C. Br	own				
	2665 Oak Ri	dge Court	***			
5. The name a	nd address of the new regis	Florida 33901 tered agent (if change O. Box Not Acceptab	d) and/or registered office (i	ين ري		
	Bruce D.	Green		95 26		
	1520 Roya	al Palm Square Bo	ulevard, #320			
	Fort Mye	rs, Florida 33919	<u> </u>	:		
acent as chan	ioed will be identical.		s of the business office of it			
Such change authorized by	was authorized by resolution the board	n duly adopted by its	board of directors or by an	officer so		
(Signatur	re of an officer, chairman or vice ch	airman of the board)	<u> </u>	<u>-) (</u>		
<u>Davi</u>	d C. Brown, III (Printed or typed name and	President title)		-		
Having been to corporation, I further agre performance registered ag	named as registered agent I hereby accept the appoin te to comply with the provis of my duties, and I am fam ent.	and to accept service ment as registered as sions of all statutes re iliar with and accept	of process for the above sta gent and agree to act in this lative to the proper and con the obligation of my positio	ated capacity. nplete n as		
	(Signature of Registered Agent)		9-35-0	<u>t</u>		
If signing on bel	C C .			. !		
	(Typed or Printed Name)		(Capacity)	·		
	* * * FILING FEE: \$35.00 * * *					
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CR2E045(9/00)	DIVISION OF CORPORATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314			