Kichar 1	uestor's Name	4602	
Looth + TE POB City/State/ Tall an	Sociates Address 126 3 1  Zip Phone #  ASSUL, F1 3237	70000; -04/ -2639 Office Use family	21353977 07/9701123003 **35.00 *****35.00
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):			
•		Document #)	
3.	,	Document #)	
4(Corp.	oration Name) (	Document #)	97 APR
	Pick up time Will wait Photocopy		-1 PM 3: 42 ASSEE, FLORI
NEW FILINGS.	AMENDMENTS		ATE ARIDA
Profit NonProfit	Amendment  Resignation of R.A., Officer/ Di	rector	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		ma
Annual Report  Fictitious Name  Name Reservation	Foreign Limited Partnership Reinstatement		est ong
	Trademark		4
	Other		
CR2E031(1/95)		Examiner's Initials	

Florida Department of State, Sandra B. Mortham, 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 <u>FL</u> , 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: Marineland Vacations, Inc.
1b. The mailing address of the corporation is: 9507 Oceanshore Blvd.  Marineland, Fl. 32086
1c. Date of incorporation: 1-10-97 Document number: P9700000 4605  2. The name and address of the current registered agent and office:  Po Box 162645  ALTAMONTE SPRINGS, FL 32716  Richard C Rooth, Esta:  1827 CAPITAL CIRCLE N.E., Swife D
Tallahasses, FL 32308  The street address of its registered office and the street address of the business office of its
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by fine board.  (Signature of an officer, Chairman or vice chairman or the board)
Bryon Wolf - C.O.O.  (Printed or typed name and tide)  Having been named as registered agent and to accept service of process for the above stated corporation, Therebyaccept the appointmentas registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.  3-28-97
/(Signature of Registered Agent) (Date)  If signing on behalf of an entity:
Tichned C Tooth  (Typed or Printed Name)  (Capacity)  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314