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NEW FILINGS				
Profit	AMENDMENTS			
	Amendment			=:
NonProfit	Resignation of R.A., Officer/I	Director		
Limited Liability	Change of Registered Agent			
Domestication	Dissolution/Withdrawal			
Other	Merger			
Chapter Sandara and the Sandara Chapter			<b>VS</b> APR 2 9	1998
OTHER FILINGS	REGISTRATION/			
Annual Report	QUALIFICATION		RA Chg	
Fictitious Name	Foreign	1	Ull Sig	•
Name Reservation	Limited Partnership			
	Reinstatement	_	-	
	Trademark			
	Other		•	· · · · ·
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Examiner's Initials

## 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 Florida submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.
THE TOTAL DOTNE DEODERTIES. INC. ASS. 40.
Abbligator Form From Land
1a. The name of the corporation is:  ALLIGATOR POINT PROPERTIES, INC.
Document number P97008956294 0
1b. Date of incorporation 6/26/97 Document number
2. The name and address of the current registered agent and office:
Corporation Services Company
1201 Hays Street, Tallahassee, FL 32301
and surfress of the new registered agent and once.
3. The name and acceptable) (P.O. Box Not Acceptable)
Jack M. Clark
506 Bear Road, Lake Placid, FL 33852
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
SIGNATURE Typed or printed name and title
DATE
,4
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS 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.
CONSTITUTE Les alfeer
SIGNATURE (Registered Agent)
DATE ' 7 L/1)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 92314

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FILING FEE: \$35.00