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August 26, 1997



*****35.00 *****35.00

Via Certified Mail P 393 879 740

Florida Department of State Corporate Records Bureau Post Office Box 6327 Tallahassee, Florida 32301

RE: Florida Holiday World, Inc.

Gentlemen:

Enclosed please find a Statement of Change of Registered Office or Registered Agent, or Both for the above-captioned corporation, along with a check in the amount of \$35.00 representing the charge for filing this document.

Should you require any additional information or have any questions regarding this matter, please contact the undersigned.

Very truly yours,

CAUTHEN & FELDMAN, P.A. Wade Boyette, Jr

KWB/se Enclosures

cc: Mr. Mark O'Leary (w/o enclosure)

L\Casey.David\Repair\Sec-State

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RA Chq.

Florida Department of State, Secretary of State STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

97 AUG 29 PM 2:07 Pursuant to the provisions of Section 607.0501 and 607.0502, or 607.1508, Florida Statutos, the indersigned corporation, organized under the laws of the State of Florida, submits the following statement for the mitbose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: FLORIDA HOLIDAY WORLD, INC.

1a. Date of Incorporation: 7-30-97 Document number: P97000066361

FILE

2. The name and address of its present registered agent is:

K. WADE BOYETTE, JR., 215 NORTH JOANNA AVENUE, TAVERES, FL 32788-3200

The name and street address to which its registered agent is to be changed is: (Post office box not 3. acceptable)

WILLIAM D. O'LEARY, 221 Creekside Drive, St. Augustine, FL 32086

The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Signature: 2 (name & title)

WILLIAM D. O'LEARY, Vice President

Date:

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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Signature: (Registered Agent)

WILLIAM D. O'LEARY

Date:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE \$35.00**