## P97000070698

CT CORPORATION SYSTEM

CORPORATION(S) NAME				
(1) Atlantic Gulfshore Natur	res Cove, Inc.		<u> </u>	
(2) Saxon Debary, Inc.		TAS IN		
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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## 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	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation is: Saxon DeBary, Inc.	
2. The mailing address of the corporation is: 200 S Siscayno Blvd, Mismi, Florida 33131	-
To Atlantic Coult Communities Copp 13790 NW 4th Street Suite 113	
3. Date of incorporation/qualification: August 13, 1997  Document number: P97000070698	
4. The name and address of the current registered agent and office:	
Gregg K Lawrence	
200 Bisosyne Blyd	±.
Mismi, Florida 33131	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	-
C T Corporation System	
c/o C T Corporation System, 1200 South Pine Island Road	-
Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	- 24
Such change was authorized by resolution duly adopted by its board of directors or by an officer so	
Signature of an officer, chairman or vice chairman of the board) (Date)	
- SAPLICK M. HITERO Chief acc Opion 6/2 6/01	-
(Printed or typed name and title) ((Date)  Having been named as registered agent and to accept service of process for the above stated corporation, 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	
(Signature of Registered Agent) (Date) 06/28/01	
If signing on behalf of an entity:  STEPHEN ADAMO ASSISTANT SECRETARY	
(Typed or Printed Name) (Capacity)	- 1-
CR2E045(4/95) FILING FEE: \$35,00	