

P97000083180

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Santa Cruz Pacific Trust, Inc  
(Name of corporation)

DOCUMENT NUMBER: P97000083180

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nerissa Whittington  
(Name of person)

Santa Cruz Pacific Trust, Inc  
(Name of firm/company)

P.O. Box 81200  
(Address)

Albuquerque NM 87198-1200  
(City/state and zip code)

For further information concerning this matter, please call:

Nerissa Whittington at ( 505 ) 255-5422  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

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-10/15/02--01090--002  
\*\*\*1085.00 \*\*\*\*\*35.00

FILED  
02 OCT 15 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/17/02  
SF  
RAIRO  
change

## 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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Santa Cruz Pacific Trust, Inc.
2. The principal office address: 1020 NW 62<sup>nd</sup> Street  
Ft. Lauderdale, FL 33309
3. The mailing address (if different): PO Box 81200  
Albuquerque, NM 87198-1200
4. Date of incorporation/qualification: 9/24/1997 Document number: P97000083180
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jack Ziegler  
4506 S. Goldenrod Rd  
Orlando FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nerissa Whittington  
1020 NW 62<sup>nd</sup> Street  
(P.O. Box or personal mailbox NOT acceptable)  
Ft. Lauderdale, FL 33309

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office 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, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

Nerissa Whittington, Director  
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

10/11/02  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**\* \* \* FILING FEE: \$35.00 \* \* \***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314