## P97000086834

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DEPARTMENT OF STATE DIVISION OF CORPORATION OF CORPORATION

6. Coulliette FER 0 8 2008



IDM SERVICE COMPANY	•			
ACCOUNT NO. : 07	210000032			
REFERENCE : 40	9653 7278635			
AUTHORIZATION :	rubble nan			
cost limit : $arphi$	35.00			
ORDER DATE : January 20, 2008				
ORDER TIME : 9:18 AM				
ORDER NO. : 409653-030				
CUSTOMER NO: 7278635				
CHANGE OF AGENT				
NAME: MASTERPIECE HOMES & PROPERTIES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF	OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Troy Todd EXT# 2	940			
EX	AMINER:			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of Florida	this	
		,		
1. The name of t	he corporation: MASTERPIECE HOMES &	on City, El. 22762		
2. The principal	office address: 300 Treemonte Drive, Oran	ge City, FL 32703		
3. The mailing a	ddress (if different): P.O. Box 740618, Oran	nge City, FL 32774		
4. Date of incorp	poration/qualification: October 6, 1997	Document number: P97000086834		
	street address of the current registered age tment of State:	ent and registered office on file with the		
	Steve Luce		Z., 0	
	300 Treemonte Drive		08 FEB SECRE	
	Orange City, FL 32763		-8 TAR ASS	
Orange City, FL 32763  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company		D-	
	1201 Hays Street			
(P.O. Box NOT acceptable)				
	Tallahassee, FL 32301	······································		
_	ss of its registered office and the street as be identical.	•		
	is authorized by resolution duly adopted le board, or the corporation has been noti		so	
Hath	of an officery's director)	Kathy L. Yetter, Attorney In Fact		
I hereby accept I further agree t of my duties, an document is bein corporation has	, the appointment as registered agent and o comply with the provisions of all statut d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.		erformance Or, if this rm that the	
	Service Company  LLL L L L L L L L L L L L L L L L L L	2-7-08 (Date)		
(Sig	nature of Registered Agent)	(Date)		
If signing on bel	half of an entity:			
	noy, Asst. Vice President yped or Printed Name)			
(1	* * * FILING FEE	C: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

APPROVEL AND