P97000092907

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I		
,	Office Use Oni	



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10/14/03--01062--006 **2395.00

INLLAMASSEE, FLORID

TRANSMITTAL LETTER

	(Name o	f corporation		
OCUMENT NUMBER: P970	000092907			
The enclosed Statement of Change	of Registered	Office/Agent	and fee are sub	mitted for filing
lease return all correspondence c	•	_		
-	· ·		J	
SUSAN G. WHITLATCH				
(Name of pe	rson)			
THE ST. JOE COMPANY				
(Name of firm/co	ompany)	· · · · · · · · · · · · · · · · · · ·		
245 RIVERSIDE AVENUE SUITE 5	00			
(Address)			
JACKSONVILLE, FL 32202				
(City/state and zi	p code)		•	
For further information concerning	g this matter, ple	ease call:		
SUSAN G. WHITLATCH	at (904)	301-4460 daytime telephor	

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

Amendment Section Division of Corporations

TO:

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

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

	ne provisions of section					ıtutes	ì,
this statement FLORIDA	of change is submitted for	-	rganized under the l office or registered (-		Stat	-
of Florida. 1. The name o	f the corporation: ST. J			zgeru, or u	om, m me	Sitte	5
	al office address: 245 R			ONVILLE F	L 32202		
3. The mailing	address (if different):				· · · · · · · · · · · · · ·		
4. Date of inco	orporation/qualification:	6/28/1997	Document nu	mber: <u>P</u> 9	700000929	07	
	nd street address of the cartment of State: LAWRENCE PAINE	current registered a	gent and registered of	office on fi	le with the		
	245 RIVERSIDE AVE	NUE SUITE 500				7	
	JACKSONVILLE FL 3	2202		-	v .		
changed):	CHRISTINE M. MARX (P.O.	Box or personal mailbox	ngent (IT changed) a	nd /or reg	-	ice (1	
The street add agent, as chan	ress of its registered off ged will be identical.	ice and the street	address of the busin	ess office	- of its regis	tered	
Such change vauthorized by	vas authorized by resoluthe board, or the corpor	ntion duly adopted ation has been not		ctors or by te change.			
I hereby accept if further agree performance of registered age office address.	of the appointment as re- to to comply with the pro- to my duties, and I am for the complete of this document I hereby confirm that the (Signature of Registered Agent)	gistered agent and visions of all state amiliar with and a t is heing filed me	d agree to act in this tes relative to the p ccept the obligation rely to reflect a chars been notified in w	s capacity. roper and of my pos	ition as revistered	<u> </u>	
If signing on beh		<i>/</i> .	(Date)		ALLAH)	03 OCT	
	(Typed or Printed Name)		(Capaci	ly)	JSS.	- 	=
	MAKE CHECKS PAYABI		ENT OF STATE AND MAIL TO		E, FL	PH 2	
	DIVISION OF CORPOR	ations, p.O. Box 6327	, Tallahassee, FL 32314		\simeq 7.	• •	