## P97000096210 **CT** CORPORATION

CORPORATION(S) NAME		
St. Augustine Resort Develop	ment Group, Inc.	1
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		<u> </u>
		•
		5
		() Merger NAR
() Profit	() Amendment	() Merger
() Nonprofit	() Dissolution/Withdrawal	
() Foreign	() Reinstatement	() Other (x) Change of RA (2) () UCC (3) (3)
() Limited Partnership	() Annual Report	() Other
() LLC	() Name Registration	(x) Change of RA 🕏 🔌 💆
() LLC	() Fictitious Name	Oucc $= \frac{\omega}{\omega}$
() Certified Copy	() Photocopies	() CUS
() Comment Cop)		700
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up 全部 第二
() Mail Out		
		TESHI 20
Name	3/20/02	Order#: 5167576 7 2 5
Availability		FLORD FLORD
Document		<b>8日 9</b>
Examiner		Ref#:
Updater	•	- 0000
Verifier	C. Coulliette MAR 2	U 2006
W P Verifier	<u> </u>	Amount: \$

200005137292--03/20/02--01053--022 \*\*\*\*\*35.00 \*\*\*\*\*35.00

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

W.P. Verifier

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

Pursuant to the provisions	s of sections 607.0502, 617	7.0502, 607.1508, or 617.1508, I	Florida Statutes,
the undersigned corporation submits the following state	on organized under the laws ement in order to change its	registered office or registered a	gent, or both, in
the State of Florida.		•	
1. The name of the corpora	ation: St. Augustine Resort Dev	elopment Group, Inc.	<u> </u>
		<del></del>	· · · · · · · · · · · · · · · · · · ·
2. The mailing address of t	the corporation : 115 Long Wi	narf, P.O. Box 2000, Newport, Rhode I	sland 02840
3. Date of incorporation/q	qualification: 11/12/1997	Document number: P97	000096210
4. The name and address of	of the current registered agen	at and office:	-
Diana O'Lou	ıghlin	-	TALS A
776 Driftwo	od Circle	1	題第三
	Beach, Florida 32082		SEE 20 IT
5. The name and address of	of the new registered agent (i (P. O. Box <b>Not</b>	if changed) and/or registered office Acceptable)	ce (if changed): 2
C T Corpora	ation System		ON STE
c/o C T Cor	poration System, 1200 South Pin	e Island Road,	
	Florida 33324		s. • •
The street address of its reagent, as changed, will be	egistered office and the street identical.	et address of the business office	of its registered
Such change was authorized by the board.	zed by resolution duly adop	ted by its board of directors or by	y an officer so
Joseph Hulen		3/5	102
Signature of an officer,	chairman or vice chairman of the bo	ard) (Date)	
JOSEPH HUL	BER, V.P.		. **
corporation, I hereby acc	cept the appointment as reg	ot service of process for the abovistered agent and agree to act in tatutes relative to the proper and daccept the obligation of my po	inis capacity. I complete
(Signature of F	Registered Agent)	(Date)	
If signing on behalf of an entit	ty:		
(Typed or Pri	nted Name)	(Capacity)	·
	* * * FILING FE	E: \$35.00 * * *	

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314