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SECRETARY OF STATE ALLAHASSEE, FLORIDA

ALLAHASSEE, FLORIDA

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2008 SEP 24 PM 12: 3

COVER LETTER

Division of Corporations					
SUBJECT: KING COMMERCIAL REALTY OF FL	ORIDA, INC.				
(Name of Corporation)					
DOCUMENT NUMBER: P98000008094					
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:					
Jeff L. Graham					
Jeff L. Graham (Name of Contact Person)					
KING COMMERCIAL REAL	TY OF FLORIDA INC				
(Firm/Company	•				
(company	,				
11555 Central Parkwa	y, Ste.603				
(Address)					
Jacksonville, FL 3	2224				
Jacksonville, FL 32224 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Jeff L. Graham	904) 720-1777				
Jeff L. Graham at (Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of	of State				
Enclosed is a \$33.00 effect made payable to the Department of	i state.				
Mailing Address:	Street Address:				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
₁ P.O. Box 6327	· Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				
ų, 4	Tallahassee, FL 32301				
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CR2E045 (8/05)

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

Pursuant to the provisions of sec statement of change is submitted in order to change its re		ed under the laws o	f the State of <u>F</u>	lorida	
1. The name of the corporation:_	KING COMMERCIA	L REALTY OF	FLORIDA,	INC.	
2. The principal office address:					
, .	Jacksonville, I				
3. The mailing address (if different	ent): <u>Same</u>				
4. Date of incorporation/qualification	ation: 1/27/1998	Document num	ber: <u>P98000</u>	008094	
5. The name and street address of Florida Department of State:	of the current registered age	ent and registered of	ffice on file with th	ie	
	Jeffrey L. G	raham			
	9951 Atlantic	c Boulevard	, #322		
	Jacksonville	, FL 3222	5	21	
6. The name and street address of (if changed):	of the new registered agent Jeffrey L. G:	, ,	r registered office	2008 SEP 24 SECRETARY TALLAHASSI	T
VMC 17			OL - COO	E P	
	(P.O. Box NOT acceptable)	ı Parkway,	Ste. 603	PM 12: OF STA E. FLOR	,
	Jacksonville	, FL 3222	4	32 32	,
The street address of its registe as changed will be identical.	red office and the street a	ddress of the busin	ess office of its re	gistered agent	
Such change was authorized by authorized by the board, or the					
Alih Johan		Jeffrey L.			
Whereby accept the appointment further agree to comply with a of my duties, and I am familiar document is being filed merely corporation has been notified it	nt as registered agent and the provisions of all statu with and accept the oblig to reflect a change in the	l agree to act in this	or typed name and title) s capacity. roper and comple on as registered a ddress, I hereby c		te is e
		9/22/2008			
(Signature of Registered	Agent)		(Date)		
If signing on behalf of an entity	y:				
(Typed or Printed Nan	ne)				

* * * FILING FEE: \$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)