P98000045899



ACCOUNT NO. : 072100000032

REFERENCE: 846844

8440A

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE_: June 8, 1998 __

ORDER TIME : 9:57 AM

ORDER NO. _: 846844

CUSTOMER:

CUSTOMER NO: 8440A

Douglas A. Daniels, Esq *****35.00 *****35.00 Heebner, Baggett & Daniels

Heebner, Baggett & Daniels 523 North Halifax Avenue

Daytona Beach, FL 32118

CHANGE OF AGENT

NAME:

TROPICAL BREEZE BEACH

CONCESSIONS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stacy L Earnest

RA Change 6-8-98 98 JUN -8 AMII: 22
DIVISION OF CORPORATION

Florida Department of State,

Secretary of State

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, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: TROPICAL BREEZE BEACH CONCESSION, INC. 1b. Date of incorporation May 21, 1998 Document number P98000045899 2. The name and address of the current registered agent and office: Douglas A. Daniels, 523 North Halifax Avenue, Daytona Beach, FL 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Phillip R. Thomas 2987 So. Atlantic Avenue, Unit 1102, Daytona Beach, FL The street address of its registered agent 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. Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

SIGNATURE

CR2E045 (7-91)

FILING FEE: \$35.00

(Redistered Adent)