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NEW FILINGS	AMENDMENTS		
Profit	Amendment		···· ·
NonProfit	Resignation of R.A., Officer/Di	rector	TALE 99
Limited Liability	Change of Registered Agent		AHE AN
Domestication	Dissolution/Withdrawal		ASS 27
Other	Merger		SEE P
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OTHER FILINGS	REGISTRATION/ QUALIFICATION		99 AUG 27 PM 2: 02 SECRETARY OF STATE ALLAHASSEE, FLORIDA
Annual Report	Foreign	· –	
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		·
	Trademark	• • • • • • • • • • • • • • • • • • • •	
	Other		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: 2 Steps Ahead Associates, Inc.

2. The mailing address of the corporation is: 1650 Prudential Drive, Suite 400, Jacksonville, Florida 32207

3. Date of incorporation/qualification: June 8, 1999 Document number: P99000051728

4. The name and address of the current registered agent and office:

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable

Robert M. Rhodes The St. Joe Company

 Suite 400 d	duPont	Center		 -	 -	
 1650 Pruder	ntial I)rive				
Jacksonvil	le, FL	32207	-		-	
				 	 _	

The street address of its registered office 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.

(Signature of an officer, chairman or vice chairman of the board) (Date) James D. Motta, President (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

If signing on behalf of an entity:

Robert M. R		Registered	Agent			· -	
(Typed or Printed Na	me)			(Capacity)	-	-	

* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314