## P99000095635

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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: ST. JOE HOSPITALITY DEVELOPMENT, INC. (Name of corporation)				
DOCUMENT NUMBER: P99000095635				
The enclosed Statement of Change of Regis	stered Office/Agent and fee are submitted for filin			
Please return all correspondence concerning	this matter to the following:			
SUSAN G. WHITLATCH				
(Name of person)				
THE ST. JOE COMPANY				
(Name of firm/company)				
245 RIVERSIDE AVENUE SUITE 500				
(Address)				
JACKSONVILLE, FL 32202				
(City/state and zip code)	· · · · · · · · · · · · · · · · · · ·			
For further information concerning this mat	ter, please call:			
SUSAN G. WHITLATCH	at ( 904 ) 301-4460			
(Name of person)	at ( 904 ) 301-4460 (Area code & daytime telephone number)			

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

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

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

	•	0502, 607.1508, or 617.1508, Florida Statute	S,
inis statement FLORIDA	t of change is submitted for a corporation of in order to change its registered i	office or registered agent, or both, in the Sta	te
of Florida			
1. The name o	of the corporation: ST. JOE HOSPITALITY I	DEVELOPMENT, INC.	
2. The princip	oal office address: 245 RIVERSIDE AVENUI	E SUITE 500, JACKSONVILLE FL 32202	
•			
3. The mailing	g address (if different):		<del></del>
4. Date of inco	corporation/qualification: 11/1/1999	Document number: P99000095635	
	and street address of the current registered a partment of State:  LAWRENCE PAINE	agent and registered office on file with the	
	245 RIVERSIDE AVENUE SUITE 500		
	JACKSONVILLE FL 32202		
6. The name changed):	CHRISTINE M. MARX  (P.O. Box or personal mailbox 1)	agent (if changed) and /or registered office (	
agent, as char	nged will be identical.	address of the business office of its registere	d
authorized by	y the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	
(Signature of an offi	icer chairman of vice chairman of the board)	Susan G. Whittatch (Printed or broad name and trate)	
I hereby acce I further agre performance registered ag office address	ept the appointment as registered agent an ee to comply with the provisions of all state of my duties, and I am familiar with and o gent. Or, if this document is being filed me s, I hereby cynfirm that the corporation ha	Assistant Secretally. Id agree to act in this capacity. Lutes relative to the proper and complete accept the obligation of my position as erely to reflect a change in the registered as been notified in writing of this change.	
-hi	May	9/15/03	
If signing on bel	(Signature of Registered Agent)	(Date)	3
	(Typed or Printed Name)	(Capacity)	<u>آ</u> د
	* * * FILING FEE:	\$35.00 ***	י דר
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTM DIVISION OF CORPORATIONS P.O. ROY 632		广