City/State/	Zip Phone #	
		*****35.00 *****35. Office Use Only
CORPORATION	NAME(S) & DOCUMENT NUMB	BER(S), (if known):
1. <u>(Corp</u>	poration Name) (Docu	ument #)
2(Con	poration Name) (Doce	ument #)
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Corp	poration Name) (Doc	ument #)
4(Con	poration Name) (Doc	cument #)
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	E VIENDMENTS	
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Profit	Amendment	tor
Profit NonProfit	Amendment Resignation of R.A., Officer/ Direct	tor PASS 97
Profit NonProfit Limited Liability	Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent	97 DEC SECRE FALLAH
Domestication	Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	97 DEC 24 SECRETAR TALLAHASS
Profit NonProfit Limited Liability	Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent	97 DEC 24 PM SECRETARY OF TALLAHASSEE.
Profit NonProfit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	97 DEC 24 PM 2: SECRETARY OF ST FALLAHASSEE. FLO
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS:	Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger	FILED 97 DEC 24 PM 2: 06 SECRETARY OF STATE FALLAHASSEE, FLORID
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	97 DEC 24 PM 2: 06 SECRETARY OF STATE FALLAHASSEE, FLORIDA
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS:	Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION:	FILED 97 DEC 24 PM 2: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA R. A. 7-98

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 $1000000000000000000000000000000000000$
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: Santa Rosa Otilities, INC.
2. The mailing address of the corporation is: 2069 Hwy 87 Navarre, Fla.
32566
3. Date of incorporation/qualification: 1 - q Document number: UnknowN
4. The name and address of the current registered agent and office:
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Jason Junger 8
2069 HWY 87
NAVARRE, Fla- 32566
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.
12 12 12 12 12 12 12 12 12 12 12 12 12 1
(Signature of an officer, chairman of vice chairman of the board) (Date)
JASON Junger President, Chairman 12-17-97 (Printed or typed name and title) (Date)
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.
1111-17
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Typed or Printed Name) (Capacity)