

M00000000240

ACCOUNT NO. : 07210000032

REFERENCE :

COST LIMIT :

588129

ORDER DATE: May 20, 2002

ORDER TIME : 2:43 PM

ORDER NO. : 588129-075

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp

Echelon Companies

Suite 200

450 Carillon Parkway

Saint Petersbur, FL 33716

500005695815--5

CHANGE OF AGENT

NAME: 200 CENTRAL AVENUE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the Stat	e of Florida.				
1. The name of the limite	ed liability company	y is: 200 Centra	l Avenue, LLC		•
2. The mailing address of	f the limited liabilit	y company is : _4	50 Carillon Parkw	vay, Suite 200	
St. Petersburg, F	L 33716				
77 /00 /0000			M00000000000	-	<u>.</u> .
11/28/2000 2 Data of Filip a/registrat		M000000002403 L. Document number		_	
3. Date of filing/registrat	ion in Fiorida	. 4	. Document number		
5. The name of the registe Florida Department of		registered office ac	ldress as shown on th	ne records of the	
	St	usan G. Johnsor	1		
		Name			
	450 Caril	lon Parkway, S	uite 200		
		Address			
	St. Pe	tersburg, FL City, State and Zip	33716	2 AEE	
		•		全流 ≣	
6. The name and address	of the new register	ed agent and/or of	fice:	JUN -6 PM 4: 37 ECHETARY OF STATE LLAHASSEE, FLORID	FILED
	Corpora	tion Service Co	ompany		8
		Name		1 S	
	12	01 Hays Street	<u></u>	LORID LORID	
	Florida street ad	dress (P.O. Box N	OT acceptable)	8111	
	Tallahassee		32301	_	
	Ci	ty, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes a f the registered ager reby confirmed tha ed liability compan	re made, the Flori it will be identical t the change(s) way or as otherwise p	da street address of the l. Or, in the case of a s/were authorized by	he registered office 1 Florida limited 7 an affirmative vote	of
(Signature of a member or author	rizes representative of a n	nember)			-
Amy L. Crisp (Printed or typed name of signee)				
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registerns of all statutes relad accept the obligation this document is be that the limited lide.		e to act in this capac r and complete perfo on as registered ager v reflect a change in i as been notified in wr	ity. I further agree irmance of my duties it as provided for in the registered office riting of this change.	to

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

INHS18(10/99) FILING FEE: \$25.00