F93000004021

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Dos	cument Number)	
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DIVISION OF CORPORATIONALLAHASSEE, FEORIDA O

CT CORPORATION

December 10, 2002

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5739577 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

EQR-SWN Line Vistas, Inc. (IL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FÖR CORPORATIONS

the undersigned corporation organize	d under the laws of the State der to change its registered	1508, or 617.1508, Florida Statutes, e of Illinois office or registered agent, or both, in
2. The mailing address of the corporat	ion : c/o L. Currie, 2 N. Riversi	de Plaza, #400, Chicago, IL 60606
3. Date of incorporation/qualification	: <u>9/3/1993</u> D	ocument number: F93000004021
4. The name and address of the current	t registered agent and office	•
Lexis Document Services	, inc.	= -
3953 WW Kelley Rd.		SECP SECP
Tallahassee, FL 32311 5. The name and address of the new re	• • •	ं वस्ति ।
	(P. O. Box Not Acceptable)	E FE S
C T Corporation System c/o C T Corporation Syste	em, 1200 South Pine Island Road	- ORIGE
Plantation, Florida 33324	_	-
The street address of its registered of agent, as changed, will be identical.	fice and the street address of	of the business office of its registered
Such change was authorized by resol authorized by the board.		
(Signature of an officer, chairman or vic	e chairman of the board)	(Date)
Paul Foreman, Secretary (Printed or typed name	and title	
Having been named as registered age corporation, I hereby accept the apple I further agree to comply with the property performance of my duties, and I am fregistered agent. C. I. Corporation System By: (Signature of Registered Agent	ent and to accept service of ointment as registered agen ovisions of all statutes relat amiliar with and accept the	it and agree to act in this capacity. ive to the proper and complete
If signing on behalf of an entity:		· · · · · · · · · · · · · · · · · · ·
Christine M. Eastwine, Assistant Secretary (Typed or Printed Name)		(Capacity)

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314