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٠.,	ACCOUNT NUMBER:_	FCA000000005	
	REFERENCE:	20 16924 -27	
	DATE:	. 8-24	T SECTION
	REQUESTOR HAME:	LEXIS	超 621
s	ADDRESS:		PA 3: OL
•	TELEPHONE: (
t	CORPORATION NAME:_	Egg-Heron Cove	Vistas, Inc.
	OCUMENT NUMBER:	5000	0029684854
X	UTHORIZATION:	C. Woodegad	
Ž	CERTIFIED COPY CERTIFICATE OF PLAIN STAMPED O	STATIC /i_os	• •
A	Call When Ready Halk In	() Call if Problem () Will Wait	() After 4:30 () Pick Up
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C. COULLIETTE AUG 2 4 1999

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502	2, 607.1508, or 617.1508, I	Florida Statutes, the
undersigned corporation organized under the laws of the submits the following statement in order to change its regi	State ofIIII0IS	gent, or both, in the
State of Florida.	stered office or regime. on a	
1. The name of the corporation is: EQR- Heron Cove \(\)	Vistas, Inc.	
1. The halfs of the corporation is:		with the company of the programmer of the progra
2. The mailing address of the corporation is: 2 North Riv	_	, IL 60606
3. Date of incorporation/qualification: 7/19/94	Document number:	F94000003771
4. The name and address of the current registered agent an	d office:	4.
The Prentice-Hall Corporation Sys	stems, Inc.	
1201 Hays Street		
Tallahassee, FL 32311		三 義 高 卫
5. The name and address of the new registered agent and o	office: (P. O. Box Not Accep	table) See 2
LEXIS Document Services In	c	
3953 WW Kelley Road		
		ga g
Tallahassee, FL 32311 The street address of its registered office and the street agent, as changed, will be identical.		
Such change was authorized by resolution duly adopted authorized by the board	by its board of directors of	r by an officer so
Control of the contro	a hoard)	7 8 / 7 / Date) -
(Signature of an officer, chairman or vice chairman of th		118/90
Ann Schneider S		(Date)
(Printed or typed name and title) Having been named as registered agent and to accept s corporation, I hereby accept the appointment as registe I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and the complexity of the com	service of process for the a ered agent and agree to ac utes relative to the proper	bove stated t in this capacity. and complete
registered agent. (Signature pt/Registered Agent)	9/ (Da	19/9 9 te)
If signing on behalf of an entity:		. :
Lexis Document Services Inc.	·	
(Typed or Printed Name)	(Capacit	y)
CR2E045(4/95)		FILING FEE: \$35.00