## 9500000388



ACCOUNT NO. : 072100000032

REFERENCE: 937636 4321791

AUTHORIZATION :

\$ 35.00 COST LIMIT :

ORDER DATE: December 19, 2000

ORDER TIME: 10:20 AM

ORDER NO. : 937636-460

300003515653--5

CUSTOMER NO: 4321791

CUSTOMER: Ms. Lesley V. Benjamin

The Related Companies, Inc.

625 Madison Avenue, 9th Floor

New York, NY 10022

CHANGE OF AGENT

NAME: ATRIUM APARTMENTS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

## 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			
		2. The mailing address of the corporation is:	
		3. Date of incorporation/qualification:08/11/1995	Document number: F95000003889
4. The name and address of the current registered agen	t and office:		
C T Corporation System			
1200 South Pine Island Road			
Plantation, FL 33324	**************************************		
5. The name and address of the new registered agent at	nd office: (P. O. Box Not Acceptable)		
Corporation Service Company			
1201 Hays Street			
Tallahassee, Florida 32301			
The street address of its registered office and the streagent, as changed, will be identical.	et address of the business office of its egistered		
Such change was authorized by resolution duly adopt authorized by the board.	ed by its board of directors or by an officer so		
Wielen L. Breen	[12·13·20x)		
(Signature of an officer, chairman or vice chairman of the be	oard) (Date)		
Michael Brennes, President (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 a registered agent.	ered agent and agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as		
By: Cleol Woh	12 - 27 - 2000 (Date)		
(Signature of Registered Agent)	(Date)		
If signing on behalf of an entity:			
Carol K. Dolor (Typed or Printed Name)	Assistant Vice President (Capacity)		
* * * FILING FEE: \$35.00 * * *			

CR2EO45(7/97)