

F9900000006325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

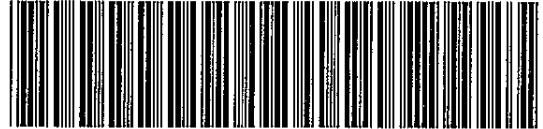
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500009393505

12/11/02--01003--016 **35.00

RECEIVED
02 DEC 10 PM 3:30
DIVISION OF CORPORATION

FILED
02 DEC 10 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA(RO
Change
58

12/11/02

CT CORPORATION

December 10, 2002

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

Re: Order #: 5739781 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

EQR-Governor's 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 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 Illinois 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 : EQR-Governor's Vistas, Inc.
2. The mailing address of the corporation : Two North Riverside Plaza, Ste. 400, Chicago, IL 60606
3. Date of incorporation/qualification: 12/8/1999 Document number: F99000006325
4. The name and address of the current registered agent and office:

Lexis Document Services, inc.

3953 WW Kelley Rd.

Tallahassee, FL 32311

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box **Not** Acceptable)

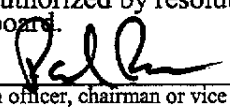
C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

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 or authorized by the board.


(Signature of an officer, chairman or vice chairman of the board)

Dec. 10, 2002
(Date)

Paul Foreman, Secretary

(Printed or typed name and title)

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.

C T Corporation System

By: 

(Signature of Registered Agent)

12/10/02
(Date)

If signing on behalf of an entity:

Christine M. Eastwine, Assistant Secretary

(Typed or Printed Name)

(Capacity)

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

02 DEC 10 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED