

L60000000392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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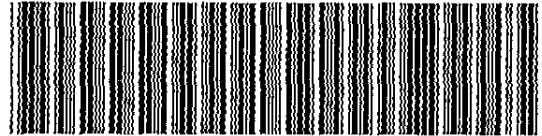
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

600-392  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 060925 7375564

AUTHORIZATION :

*Patricia Pizant*

COST LIMIT : \$ 25.00

ORDER DATE : April 21, 2003

ORDER TIME : 12:13 PM

ORDER NO. : 060925-680

CUSTOMER NO: 7375564

CUSTOMER: Arthur L. Gallagher  
Equity One, Inc  
1696 N.e. Miami Gardens Drive  
North Miami Bea, FL 33179

CHANGE OF AGENT

NAME: UIRT - SKIPPER PALMS, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.*

1. The name of the limited liability company is: UIRT - SKIPPER PALMS, L.L.C.

2. The mailing address of the limited liability company is : \_\_\_\_\_

1696 NE Miami Gardens Dr., North Miami Beach, FL 33179

January 11, 2000

L00000000392

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Alan J. Marcus

Name

20803 Biscayne Blvd, Suite #301

Address

Aventura, FL 33180

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Rays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL

32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Laura R. Dunlap  
(Signature of a member or authorized representative of a member)

Laura R. Dunlap, Attorney in Fact  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Jeanine Reynolds  
(Signature of Registered Agent) **as its agent**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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