

L02000003834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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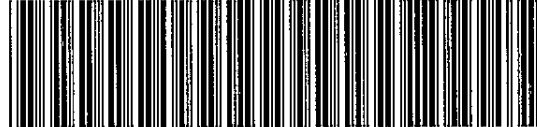
(Business Entity Name)

(Document Number)

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J. BRYAN MAR 16 2004



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 473958 7375564

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 25.00

ORDER DATE : March 4, 2004

ORDER TIME : 5:43 PM

ORDER NO. : 473958-015

CUSTOMER NO: 7375564

CUSTOMER: Ms. Ann Mcnamara  
Equity One, Inc  
1696 N.e. Miami Gardens Drive

North Miami Bea, FL 33179

CHANGE OF AGENT

NAME: WICKHAM DRUGSTORE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Ellyn Herndon -- EXT# 2945

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

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TALLAHASSEE, FLORIDA

**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: WICKHAM DRUGSTORE, LLC
2. The mailing address of the limited liability company is: c/o Equity One Realty & Management, Inc.  
1696 NE Miami Gardens Drive, North Miami Beach, FL 33179

3. Date of filing/registration in Florida 02/15/2002
4. Document number L02000003834

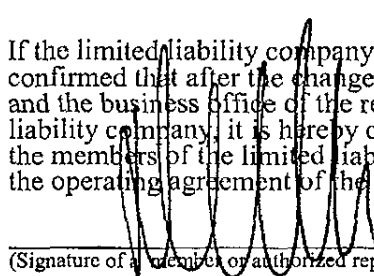
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Alan J. Marcus  
Name  
20803 Biscayne Boulevard, 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 Hays 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.

  
(Signature of a member or authorized representative of a member)

Doron Valero, Authorized Person  
(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.*

  
(Signature of Registered Agent) Elva M. Shipkowski, Assistant Vice President

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

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