

L020000011068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

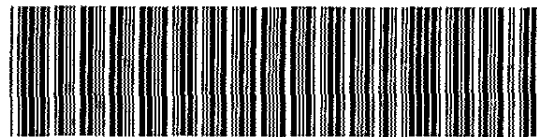
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800021266158

RECEIVED
03 JUL -3 AM 8:59
STATE
TALLAHASSEE, FLORIDA

FILED
03 JUL -3 PM 12:42
STATE
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 060925 7375564
AUTHORIZATION : *Patricia Pajot*
COST LIMIT : \$ 25.00

ORDER DATE : April 21, 2003

ORDER TIME : 4:21 PM

ORDER NO. : 060925-530

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: SALERNO VILLAGE SHOPPING
CENTER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER: _____

FILED
03 JUL -3 PM 12:42
TALLAHASSEE
STATE
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: SALERNO VILLAGE SHOPPING CENTER, LLC.
2. The mailing address of the limited liability company is: c/o Equity One Realty & Mgmt., Inc.
1696 NE Miami Gardens Dr, Miami, FL 33179

3. Date of filing/registration in Florida May 2, 2002 4. Document number L02000011068

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, Ste 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.

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