## LO2-0000 15594

(R	equestor's Name)	
(A	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ва	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer.	
<u>:</u>	Office Use Only	,



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OBJECT - SHEELERINGS

100 - 1554 -3 AM 8



ACCOUNT NO. : 072100000032

REFERENCE: 060925 7375564

AUTHORIZATION 7

COST LIMIT : \$ 25.00

ORDER DATE: April 21, 2003

ORDER TIME: 12:07 PM

ORDER NO. : 060925-610

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: THE SHOPPES OF EASTWOOD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:

## 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 lia	bility company is: THE SHOP	PES OF EASTWOOD,	LLC	
2. The mailing address of the	limited liability company is:	c/o Equity One	Realty & Mgmt	i, Inc.
1606 NW Minni Cardona	The M Minmi Banch ET 3	2170		
1090 No Fitalit Gardens	Dr, N Miami Beach, FL 3	31/3		<u>·</u>
June 20, 2002		L02000015594		
3. Date of filing/registration in	n Florida	4. Document num	ber	
5. The name of the registered a Florida Department of State		address as shown o	n the records of	the
<u>.</u>	Alan J. Marcu	15		
· · · · · · · · · · · · · · · · · · ·	Name			-
_	20803 Biscayne Blvd.	, Ste 301		
	Address			
	Aventura, FL 33		-	
	City, State and Z	пр		
6. The name and address of the	e new registered agent and/or	office:		
	Corporation Service	Company		
÷. ·	Name		•	
	1201 Hays Stree	}t	그 그림	
Flo	orida street address (P.O. Box	NOT acceptable)		<u></u>
	Tallahassee FL	32301		\$ ⋥
<del></del>	City, State and Zi	p	H)	- <u> </u>
If the limited liability company confirmed that after the change and the business office of the cliability company, it is hereby the members of the limited liability coperating agreement of the	e or changes are made, the Floregistered agent will be identic confirmed that the change(s) bility company or as otherwise	orida street address of cal. Or, in the case of was/were authorized	of the registered of a Florida limit I by an affirmati	office ted ve vote of
Signature of a member or authorized re	presentative of a member)			
or a member of authorized to	presentative of a member,			
Laura R. Dunlap, Attorne (Printed or typed name of signee)	y in Fact	■ 2000 or approximate t		
I hereby accept the appointment of the comply with the provisions of and I am familiar with and accepter 608, F.S. Or, if this and direction of the confirm that	ent as registered agent and ag all statutes relative to the pro- cept the obligations of my pos- locument is being filed to mer the limited liability company Jeanine Reynolds as its agent	per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further rformance of my gent as provided in the registered writing of this o	agree to y duties, i for in i office change.

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

INHS18(10/99)

**FILING FEE: \$25.00**