

May. 3. 2017, 1:42PM  
Division of Corporations

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**U700041948**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EQUITY ONE, INC.  
Account Number : 120030000110  
Phone : (305) 947-1664  
Fax Number : [REDACTED]

904-354-1832

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAY -3 AM 10:50

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EQUITY ONE (COPPS HILL) LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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MAY 04 2017

S. YOUNG

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

EQUITY ONE (COPPS HILL) LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 23, 2017 and assigned  
Florida document number L17000041948

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

One Independent Drive, Suite 114

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32202

Enter new mailing address, if applicable:

One Independent Drive, Suite 114

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32202

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

P&L Corp

New Registered Office Address:

One Independent Drive, Suite 1300

Enter Florida street address

Jacksonville

Florida 32202

City

Zip Code

**New Registered Agent's Signature, If changing Registered Agent:**

*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 605, 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.*

Charles V. Heed

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Equity One, Inc.	1600 NE Miami Gardens Drive	<input type="checkbox"/> Add
		North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Regency Centers, L.P.	One Independent Drive, Suite 114	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE  
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated May 2<sup>nd</sup>, 2017

*Barbara C. Johnson*  
Signature of a member or author

Signature of a member or authorized representative of a member

Barbara C. Johnston

Typed or printed name of signee

**Filing Fee: \$25.00**

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