

ACCOUNT NO.

: 7072100000032

REFERENCE : 588129

7287317

AUTHORIZATION

COST LIMIT

ORDER DATE: May 20, 2002

ORDER TIME : 3:43 PM

ORDER NO. : 588129-020

CUSTOMER NO: 7287317

CUSTOMER:

Ms. Amy Crisp

Echelon Companies

Suite 200

450 Carillon Parkway

Saint Petersbur, FL 33716

CHANGE OF AGENT

NAME: ECHELON RESIDENTIAL LLC

200005575952--4

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

_ PLAIN STAMPED COPY

CONTACT PERSÖN: Ellyn Herndon

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.

agent, or both, in the blate of 1 to the			
1. The name of the limited liability company is:	Echelon	Residential LLC	•
2. The mailing address of the limited liability co	ompany is:	450 Carillon Pa	arkway, Suite 200,
St. Petersburg, FL 33716	-		
St. Fetersburg, In 55,15			} - ······
March 3, 2000	-	M00000000428	
3. Date of filing/registration in Florida		4. Document num	ber
5. The name of the registered agent and the registerida Department of State:	stered office	address as shown or	a the records of the
Susar	n G. Johns	on	
	Name		77 0
450 Carillon	Address	Suite 200	Z HI
St. Petersburg, FL 33716			E Y N
St. Petersburg, FL 33716 City, State and Zip			
6. The name and address of the new registered agent and/or office: Corporation Service Company Name			
Corporatio	n Service	Company	- OF A
Name SH 5			' ∰ H G
	Hays Stree	et	= **
Florida street address (P.O. Box NOT acceptable)			
	`		
Tallahassee	FL	32301	4 · 4
City, S	State and Zi	p	
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the the members of the limited liability company or the operating agreement of the limited liability	nade, the Figure 11 in the first in the identification of the change (s) as otherwise company.	orida street address o	of a Florida limited I by an affirmative vote of icles of organization or
Amy L. Crisp (Printed or typed name of signee)		-	r .
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabil (Signature of Registered Agent)	agent and as we to the pro ns of my pos filed to me ity company	gree to act in this cap per and complete pe ition as registered a rely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office i writing of this change.
C			

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

FILING FEE: \$25.00