

ACCOUNT NO. :

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 20, 2002

ORDER TIME : 3:47 PM

ORDER NO. : 588129-035

CUSTOMER NO: 7287317

CUSTOMER: Ms. Amy Crisp

Echelon Companies

Suite 200

450 Carillon Parkway

Saint Petersbur, FL 33716

CHANGE OF AGENT

NAME: ECHELON AT UPTOWN, LLC

700005575947--9

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: 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 com, in the stan	, 0, 2 10, 10,00	-	_	
1. The name of the limite	d liability company is:	Echelon at U	ptown, LLC	
2. The mailing address of	the limited liability co	ompany is: 450	Carillon Par	kway, Suite 200
St. Petersburg, FI	33716			
Sc. receisuary, ri	33710			•
11/28/2000		MO	0000002405	
3. Date of filing/registration	on in Florida	4. I	Document numb	er
5. The name of the registe Florida Department of S		stered office address	ess as shown on	the records of the
	Susar	n G. Johnson	- 	
		Name		5£(}_(
	450 Carillon	. Parkway, Suit	te 200	LANGE ME
		Address		HA P
		sburg, FL 337		SSS O LE
	City,	State and Zip		ED Y OF
Name 450 Carillon Parkway, Suite 200 Address St. Petersburg, FL 33716 City, State and Zip 6. The name and address of the new registered agent and/or office:				
	Corporation	n Service Comp	pany	DATE O
]	Name		•
	1201 F	Hays Street		***
Florida street address (P.O. Box NOT acceptable)				
	Tallahassee	EI S	32301	
		FL 3 State and Zip	32301	•
	City, 5	rtate and zip		
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the company of the limited the operating agreement of the company of the limited the operating agreement of the company of the limited that the operating agreement of the company of the limited that the change of the limited that the li	nange or changes are method the registered agent with the confirmed that the definition of the limited liability of the limited liability of	nade, the Florida sill be identical. Contact change(s) was/was otherwise provompany.	atroat address of	the registered office
To God as	_			
Amy L. Crisp (Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm			o act in this capa nd complete perj as registered ag flect a change in been notified in v	acity. I further agree to formance of my duties, ent as provided for in a the registered office writing of this change.

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

FILING FEE: \$25.00