M04123



ACCOUNT NO. : 072100000032

REFERENCE : 007444

4321791

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: February 15, 2001

ORDER TIME : 2:21 PM

ORDER NO. : 007444

CUSTOMER NO: 4321791

800003769238——3

CUSTOMER: Ms. Lesley V. Benjamin

The Related Companies, Inc. 625 Madison Avenue, 9th Floor

New York, NY 10022

CHANGE OF AGENT

NAME: RELATED RONEY PLAZA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson -- EXT# 1155

EXAMINER:

« STATEMENT OF CHANGE № REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,		
the undersigned o	corporation organized under the laws of the S	State of Florida
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 corporation is: RELATED RONEY PLAZA, INC.		
2. The mailing address of the corporation is:		
3. Date of incorp	oration/qualification: 08/17/1984	Document number: M04123
4. The name and	address of the current registered agent and or	ffice:
	T Corporation System	-
	200 South Pine Island Road	SECR ALL
F	Plantation, FL 33324	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
<u></u>	Corporation Service Company	
	.201 Hays Street	S. C.
_1	Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.		
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.		
alach. in		
(Signature of an officer, chairman or vice chairman of the board) (Date)		
Ala- HIRMES		
	(Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.		
Dv	Connect Cook	2 12 2021
Bγ: (Si	gnature of Registered Agent)	(Date)
f signing on behalf of an entity:		
Carol K. Dolor, Asst. Vice President		
	yped or Printed Name)	(Capacity)
* * * FILING FEE: \$35.00 * * *		

CR2EO45(7/97)