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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

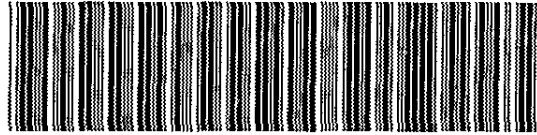
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*Amend*

Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 FEB 12 AM 10:25



**WaldenPacific Property Trust™**

*Absolutely Effortless Ownership™*

February 1, 2007

Mr. James W. Chancelor  
13784 N/W 12th Court  
Pembroke Pines, FL 33028

RE: EquiLease Residential Services, LLC  
Florida Foreign Registration – NAME CHANGE AMENDMENT

Hi James,

Enclosed is the application needed to file the name change amendment for Equilease, LLC to EquiLease Residential Services, LLC. Please sign on page 2 where indicated by a checkmark.

Send in the above-referenced application with the enclosed Certificate of Status/Name Change Amendment (both are stapled together) along with your check in the amount of \$30.00 made payable to the "Florida Department of State."

The application, Certificate of Status/Name Change Amendment and \$30.00 check need to be mailed to:

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

If you prefer to courier the application, you would courier it to:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Call if you have any questions.

Yours truly,

Jackie Eastwick

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EquiLease, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James W. Chancellor  
(Name of Person)

EquiLease, LLC/EquiLease Residential Services, LLC  
(Firm/Company)

18331 Pines Blvd., #202  
(Address)

Pembroke Pines, FL 33029  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jackie Eastwick at ( 856 ) 228-0497  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

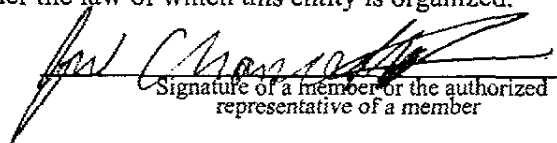
**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: EquiLease, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 3, 2006

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? Sept. 7, 2006
5. New name of the limited liability company: EquiLease Residential Services, LLC
6. If the amendment changes the period of duration, indicate new period of duration:  
N/A
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
N/A
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: N/A

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized representative of a member

James W. Chancellor

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQUILEASE RESIDENTIAL SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2007.

4146077 8300

070034245



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5350730

DATE: 01-12-07