

ACCOUNT FILING COVER SHEET

M 98000001526

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2020821
(Sub Account)

DATE: 12-23

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: EOP-Suntrust Center, L.L.C. to
Suntrust Center, L.L.C.

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION: C. Woodlyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 23 PM 12:44

FILED

W

12/23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 23 AM 10:18

REMOVED

800003078898--0

