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ACCOUNT NO.	: _072100000032
REFERENCE	: 2.060925 7375564
AUTHORIZATION	Tatricia Papio
COST LIMIT :	: _\$ 35.00
ORDER DATE : April 21, 2003	<u>=</u>
ORDER TIME : 1:09 PM	
ORDER NO. : 060925-185	
CUSTOMER NO: 7375564	-
CUSTOMER: Arthur L. Gallagher Equity One, Inc	
1696 N.e. Miami Garde	ens Drive
North Miami Bea, FL	33179
CHANGE OF AGE	<u>NT</u>
NAME: EQUITY ONE (FOR PHASE II) INC.	EST VILLAGE
PLEASE RETURN THE FOLLOWING AS P	ROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Troy Todd EX	T# 1140 EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	he provisions of sections 607.0502	2, 617 . 0502, 60	7.1508, or 617	'.1508, Fl	orida Statute	S,
this statement	of change is submitted for a corpor	ration organize	d under the law	s of the S	tate of	
Florida	in order to change its reg	istered office of	r registered age	ent, or bo	th, in the Sta	te
of Florida.					是是	
1. The name o	f the corporation: EQUITY ONE (FOR	REST <u>VIL</u> LAGE P	HASE II) INC.		5 =	_
2. The principa	al office address: 1696 NE Miami G	ardens Drive	·	<u> </u>	SE O	F
·	_Miami, FL 33179	· <u></u>		<u> </u>	Fig 7	
3. The mailing	g address (if different):	100 April 200 and 200				/-
					THE C	<u> </u>
4. Date of inco	orporation/qualification: March 5,	2001 <u> </u>	ocument numb	er: <u>P0100</u>	0023746	
	nd street address of the current reginartment of State:	stered_agent and	1 registered offi	ice on file	with the	
	Alan J. Marcus Esquire					
	20803 Biscayne Blvd, Ste 301	===		-		
	Aventura, FL 33180			· ·		
6. The name a changed):	and street address of the new regi	stered agent (if	'changed) and	or regist	tered office (if
	Corporation Service Company					
	1201 Hays Street (P.O. Box or personal	I mailbox NOT accept	able)			
	Tallahassee, FL 32301					
The street add agent, as chan	ress of its registered office and the ged will be identical.	e street address	of the business	office of	its registered	1
Laine	was authorized by resolution duly a the board, or the corporation has b C. D. D. Carlotte Chairman of the board)		oard of directo writing of the unlap, Attornated or typed name a			
I hereby accep I further agree performance o registered age	of the appointment as registered as to comply with the provisions of of my duties, and I am familiar with the Or, if this document is being fig. I hereby confirm that the corpora	gent and agree all statutes rela h and accept th iled merely to r	to act in this co tive to the prop e obligation of eflect a change	apacity. per and co my positi e in the re	omplete ion as gistered	
Jeais	(Signature of Registered Agent)		7- - (B) (Date)			
If signing on beh	_	eynolds gent				
	(Typed or Printed Name)		(Capacity)	<u> </u>		

* * * FILING FEE: \$35.00 * * *