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ACCOUNT NO. : 07210000032 REFERENCE : 060925 7375564 AUTHORIZATION COST LIMIT ORDER DATE: April 21, 2003 ORDER TIME : 4:45 PM ORDER NO. : 060925-555 CUSTOMER NO: 7375564 CUSTOMER: Arthur L. Gallagher Equity One, Inc. 1696 N.e. Miami Gardens Drive North Miami Bea, FL 33179 CHANGE OF AGENT NAME: ST. CHARLES OUTPARCEL, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER:

PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 1140

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

Pursuant to t	he provisions of sections	607.0502, 617	7.0502, 607.	1508, or 617.15	508, Florida Statutes,
this statement	of change is submitted for	-		•	= = = = = = = = = = = = = = = = = = = =
Florida	in order to chang	ze its registere	ed office or i	egistered agent,	, or both, in the State
of Florida.	C41				
1. The name of	of the corporation: ST. CHE	ARLES OUTPARC	EL, INC.		· <u>· · · · · · · · · · · · · · · · · · </u>
2. The princip	al office address: 1696 NE	Miami Garder	ns Drive, 2	nd Floor	- 7
	North Mi	iami Beach, F	L 33179		100
3. The mailing	g address (if different):				
					100 P
4. Date of inco	orporation/qualification:	october 26, 2	001 Do	cument number:	P01000103991
	nd street address of the cupartment of State:	urrent registere	d agent and	registered office	on file with the
	Alan J. Marcus Esq.				
	20803 Biscayne Boule	vard, Suite 3	301		
	Aventura, FL 33180	-· <u></u>		····-	
6. The name changed):	and street address of the	new registere	d agent (if o	changed) and /o	r registered office (if
	Corporation Service C	ompany			
	1201 Hays Street (P.O. B	lox or personal mails	ox NOT acceptab	le)	
	Tallahassee, FL 32301				<u> </u>
The street add	lress of its registered offic ged will be identical.	ce and the stre	et address o	f the business of	ffice of its registered
Such change authorized by	was authorized by resolut the board, or the corpora	ion duly adopt tion has been	ted by its bo notified in w	ard of directors riting of the ch	or by an officer so ange.
(Signature of an offi	cer, chairman or vice chairman of the	board) <u>L</u>	aura R. Dur (Prin	lap, Attorney ted or typed name and	in Fact
I further agre performance registered ag	pt the appointment as reg e to comply with the prov of my duties, and I am far ent. Or, if this document i, I hereby confirm that th	visions of all st miliar with and is being filed i	tatutes relati d accept the merely to re	ve to the proper obligation of m lect a change ii	r and complete y position as 1 the registered
7	(Signature of Registered Agent)		<u> </u>	(Date)	
If signing on bel	je:	anine Reyno as its agent		` .	
	(Typed or Printed Name)	 _	· · · · · · · · · · · · · · · · · · ·	(Capacity)	

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