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ACCOUNT NO. : 072100000032 REFERENCE : 060925 7375564 AUTHORIZATION COST LIMIT : ORDER DATE: April 21, 2003 ORDER TIME: 2:53 PM ORDER NO. : 060925-260 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: EQUITY ONE (SKY LAKE) INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY PLAIN STAMPED COPY CONTACT PERSON: Troy Todd -- EXT# 1140

EXAMINER:

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

Pursuant to t	he provisions of sections 607.0502, 617.	0502, 607.1508, or 617.1508,	, Florida Statutes,
this statement	of change is submitted for a corporation	organized under the laws of th	e State of
Florida	in order to change its registered	l office or registered agent, or	both, in the State
of Florida.			
1. The name of	of the corporation: EQUITY ONE (SKY LAKE) INC.	2003
2. The princip	oal office address: 1696 NE Miami Gardens	; Dr	
	North Miami Beach, FL	33179	AKY AKY
3. The mailing address (if different):			E P
			L ORN
4. Date of inco	orporation/qualification: July 18, 1997	Document number: P9	7000062796
5. The name a	and street address of the current registered partment of State:		
	Alan J. Marcus		_
	20803 Biscayne Blvd., Ste. 301		
	Aventura, FL 33180		_
6. The name changed):	and street address of the new registered	agent (if changed) and /or re	gistered office (if
	Corporation Service Company		
	1201 Hays Street (P.O. Box or personal mailbox	NOT acceptable)	_
	Tallahassee, FL 32301		
The street add	lress of its registered office and the street ged will be identical.	address of the business office	of its registered
Such change vauthorized by	was authorized by resolution duly adopted the board, or the corporation has been no		
Signature of an office	cer, chairman or vice chairman of the board)	Printed or typed name and fifle)	Fact
I further agre performance c registered age	ot the appointment as registered agent an e to comply with the provisions of all stat of my duties, and I am familiar with and c ent. Or, if this document is being filed me , I hereby confirm that the corporation h	tutes relative to the proper and accept the obligation of my po erely to reflect a change in the	d complete ssition as e registered
SP-TO	(Signature of Registered Agent)	7-108 (Date)	
If signing on beh	i i 5 antila	(Date)	
woming on oon	as its agent		
	(Typed or Printed Name)	(Capacity)	

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