M0400000048

FROM: ERIKA SHUM (646) 834-1200 JCDECAUX NA 3 PARK AVE NEW YORK NY 10016
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[ALLAHASSEE FLORIDA

EP | PM 12: 31

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

,,	,					
1. The name of the limite	d liability company	is: JCDeca	ux Mallscape LL0	<u> </u>		
2. The mailing address of						
New York, NY 10016				-		_
1/7/2002			M02000000048			
3. Date of filing/registration in Florida 4. Document				mber	<u> </u>	
5. The name of the registe Florida Department of S		System	address as shown	on the record	ls of th	е
	1200 South Pine	Name e Island Road				
	Plantation, FL 3	Address 3324 ity, State and Z	ip	-		
6. The name and address of	of the new registere	d agent and/or	office:			
	National Corpora	ate Research,	Ltd.			
	1406 Hays Stree	Name et, Suite #2		- \$\cdot \delta \cdot \delta \c	2	
•	Florida street add	ress (P.O. Box	NOT acceptable)	E CHI	04 SEP	
	Tallahassee	FL	32301	ASS 41	,	<u> </u>
	Cit	y, State and Zip	·			
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of the operating agreement of the company of the limited the operating agreement of the operation of the operati	tange or changes are the registered agent eby confirmed that I liability company f the limited liabilit	e made, the Flo t will be identic the change(s) v or as otherwise by company.	rida street address al. Or, in the case vas/were authorize	of the remiste of a Florida i ed by an affirm	red off limited native	l vote of
Bernard Paris	<u></u>					
(Printed or typed name of signee) I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm (Signature of Registered Agent) I	tarovay		ree to act in this co per and complete p tion as registered ly reflect a change has been notified i	ipacity. I furi erformance of agent as prove in the regist n writing of th	ther ag of my d ided fo 'ered oj his cha	ree to uties, or in ffice inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)