

# M05000002530

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax and number (shown below) on the top and bottom of all pages of the document.

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SELLERS

SEP 20 2010

EXAMINER

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6383

Please retain original filing date of submission 9/16

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
ORLANDO DESIGN CENTER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	084
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP 17 AM 8:09

**FILED**



September 17, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ORLANDO DESIGN CENTER LLC  
1985 CEDAR BRIDGE AVE  
ATTN: LYNETTE  
LAKEWOOD, NJ 08701

SUBJECT: ORLANDO DESIGN CENTER LLC  
REF: M05000002530

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

FAX Aud. #: H10000205247  
Letter Number: 610A00022151

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 9/16

RECEIVED  
10 SEP 17 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando Design Center LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy L. Reinholt  
Name of Person

Simon Property Group  
Firm/Company

225 W. Washington St., P.O. Box 7033  
Address

Indianapolis, IN 46207-7033  
City/State and Zip Code

treinholt@simon.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy L. Reinholt at ( 317 ) 263-7131  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

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. Name of the limited liability company: Orlando Design Center LLC

2. (a) Principal office address of limited liability company: ATTN: LYNETTE

(Note: MUST BE STREET ADDRESS) 1985 CEDAR BRIDGE AVE  
LAKEWOOD NJ 08701

(b) Mailing address of limited liability company: ATTN: LYNETTE

(Note: MAY BE POST OFFICE BOX) 1985 CEDAR BRIDGE AVE  
LAKEWOOD NJ 08701

05/12/2005  
3. Date of filing/registration in Florida

M05000002530  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NRAI Services, Inc.

Registered Office Address: 2731 Executive Park Drive, Suite 4  
Waston, FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 South Pine Island  
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

James M. Barkley, Secretary "Authorized Representative"  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent Connie Bryan

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

INHS18 (05/08)

FILED  
10 SEP 17 AM 8:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA