Unvision of Corporations Florida Department of State

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Division of Corporations

Fax Number : (850)205-0380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094 Phone : (770)777-2091 Fax Number : (770)220-1943

REGISTERED AGENT CHANGE

THOLLYWOOD SHOPPING CENTER MANAGEMENT, INC.

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10/18/2005

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

	provisions of sections 607.0302, 617.0302, 6 litted for a corporation organized under the li	09/.1598, or 61/.1598, Florida Statutes, this statemet own of the State of Florida	ni of order
-	gistered office or registered agent, or both. ii		Craci
1. The name of	the corporation: HOLLYWOOD SHOPPIN	ng center management, inc.	
2. The principal	office address: 8 Industrial Way E 2nd F	loor	
Eatonton, N	NJ 07724		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 03/01/2004	Document number: P04000039178	
	f street address of the current registered agen riment of State:	t and registered office on file with the S. S.	EILER 3: 18
	Schneider, Michael N Esq		
	5150 Belfort Rd S Bldg 100	DE LA HASSE	7 5
	Jacksonville, FL 32256	ro	ا بن
6. The name and (if changed):	I street address of the new registered agent (i	f changed) and /or registered office	18
	NRAI Services, Inc.		
	2731 Executive Park Drive, Suite 4		
	(P.O. Box or personal mails	tix NOT acceptable)	
	Weston, FL 33331		
The street addre	ess of its registered office and the street add identical.	lress of the business office of its registered agent, as	\$
Such change wa the board, or the	as authorized by resolution duly adopted by a corporation has been notified in writing of	tis board of directors or by an officer so authorized fine change.	i by
· · · · · · · · · · · · · · · · · · ·	Sandure of an afficer ordinector)	Daniel Massry, President (Printed of Wood Parise and title)	
I hereby accept I further agree duties, and Nam		gree to act in this capacity, in the capacity of relative to the proper and complete performance of my position as registered agent. Or, if this docume ce address, I hereby confirm that the corporation he	f my ini is 28
by: ////	MAN CON	10/10/2005	
/ T_	(Signature of Registered Agent)	(Date)	:= '
If signing on be	chaif of an entity:		
Sharon Knox		Assistant Secretary	
	(Typed or Primed Name)	(Capacity)	

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314