## L03000019568

(Re	equestor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	<b>→</b> #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
		:				

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ENVISION OF CORPORATIONS
OF JUL 25 AH 11: 40

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Sample Retail Center, (Name of	LLC Limited Liabi	lity Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concernin	g this matter to	the following:	
Martin P. Heise		·	<u> </u>
(Name of Person)	<del></del>	_	visio 07 JI
Sample Retail Center, LLC (Firm/Company)		_	O7 JUL 25 AHII: 40
2200 NW 2 Avenue, Suite 220		_	311:40
(Address)			
Boca Raton, FL 33431			
(City/State and Zip Code)		<del></del>	
For further information concerning this ma	tter, please cal	1:	
Bettina Smoot	at ( 561	997-0045 x-203	
(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 follow	ing amount:		
<b>▼</b> \$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. The name of the limit	ed liability compan	y is: Samp	e Retail Center, LLC		
2. The mailing address o	f the limited liabili	ty company	is: 2200 NW 2 Ave	nue, Suite 220	
Boca Raton, FL 33431					
05/28/2003			L03000019568		
3. Date of filing/registration in Florida		_	4. Document number		
5. The name of the register Florida Department of		registered o	ffice address as show	on the records of the	
	Martin P. Heis	se		<u> </u>	
		Name		SEGRE 07 JUL	
•	947 Clint Moor				
	D D-4 EI	Addres	S	25 OF C	
	Boca Raton, Fl	L 33487 City, State a	nd 7in		
		• •	•	AH 11: 40	
6. The name and address	of the new register	ed agent and	1/or office:		
	Martin P. Heis	е	•	0 th 0 th	
		Name		_	
2200 NW 2 Avenue, Suite 220					
	Florida street ad	dress (P.O.	Box NOT acceptable	)	
	Boca Raton,		33431		
	C	ity, State and	l Zip		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes a fithe registered age creby confirmed the nited liability computed the limited liability computed the lia	are made, the id at the chang pany or as o ability comp	e Florida street address entical. Or, in the case e(s) was/were authori	ss of the registered office	
Martin P. Heise					
(Printed or typed name of signee  I hereby accept the appo comply with the provision and I am familiar with ar Chapten 618, F.S. Or, if address, Ingraby confirm  (Signature of Registered Agent)	•	red agent an lative to the ations of my eing filed to ability comp	d agree to act in this proper and complete position as registered merely reflect a chan any has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office In writing of this change.	

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