## 1040000 19158

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |





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## **COVER LETTER**

| TO: Registration Section Division of Corporations          |                          |                                      |                  |  |
|--|--------------------------|--------------------------------------|------------------|--|
| SUBJECT: PTO, LLC  |                          |                                      |                  |  |
|  | me of Limited            | Liability Company                    |                  |  |
| Dear Sir or Madam:   |                          |                                      |                  |  |
| The enclosed Registered Agent/Registered O                 | ffice Change an          | d fee(s) are submitted for filing.   |                  |  |
| Please return all correspondence concerning t              | his matter to the        | e following:                         |                  |  |
| Jennifer Martin  |                          |                                      |                  |  |
| Name of Person   |                          | <del></del>                          |                  |  |
| Publix Super Markets, Inc.                                 |                          |                                      |                  |  |
| Firm/Company   |                          | <del></del>                          |                  |  |
| 3300 Publix Corporate Parkway                              |                          |                                      |                  |  |
| Address  |                          |                                      |                  |  |
| Lakeland, FL 33811   |                          |                                      | ;                |  |
| City/State and Zip Code                                    |                          |                                      | ,                |  |
| EntityFilings@publix.com                                   |                          |                                      |                  |  |
| E-mail address: (to be used for future ar                  | nual report not          | itication)                           | <br>Pr           |  |
| For further information concerning this matte              | r, please call:          |                                      | ्ट्र<br>९९<br>13 |  |
| Jennifer Martin  | 863                      | 688-7407                             | - 13             |  |
| Name of Person   |                          | Area Code & Daytime Telephone Number |                  |  |
| STREET/COURIER ADDRESS:                                    | MAILING ADDRESS:         |                                      |                  |  |
| Registration Section                                       | Registration Section     |                                      |                  |  |
| Division of Corporations                                   | Division of Corporations |                                      |                  |  |
| Clifton Building   | P.O. Box 6327            |                                      |                  |  |
| 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Т                        | allahassee, Florida 32314            |                  |  |
| Enclosed is a check for the followin                       | g amount:                |                                      |                  |  |
| <b>4</b> \$25 Filing Fee                                   |                          | \$55 Filing Fee & Certified Copy     |                  |  |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

| I. Na                        | ame of the limited liability company: PTO, LLC  |   |   |  |                                |
|------------------------------|---|---|---|--|--------------------------------|
| 2. (a)                       | 3300 Publix Corporate Parkway   | (b)   | 3300 Publix Corporate Park  | way  |                                |
|                              | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | <u> </u>  | Mailing address of limited liab   |  | ·::                            |
|                              | LAKELAND, FL 33811  |   | (Note: MAY BE POST OF   | FICE BOX   |                                |
|                              | ENNELAND, LE 30011  |   | LAKELAND, FL 33811  |  |                                |
|                              | 03/11/2004  |   | 04000019158   |  |                                |
| 3.                           | Date of filing/registration in Florida  | 4.  | Document number   |  |                                |
| 5. (a)                       | John A. Attaway, Jr.  |   |   |  |                                |
| (a)                          | Registered Agent and Registered Office shown on the records of 3300 Publix Corporate Parkway  | of the Florida D  | ept. of State:  |  |                                |
|                              | Registered Office Address (MUST BE FLORIDA STREET   | (ADDRESS)   | <del></del>   |  |                                |
|                              | Lakeland  | 33811   |   |  |                                |
| (h)                          | Merriann M. Metz  | <del></del>   | -   | •  |                                |
| (**/                         | Enter name of NEW Registered Agent and/or NEW Registered  | d Office addr   | <u></u>   |  |                                |
|                              |   |   |   | _  | 7-1                            |
|                              | Jane  | · · · · · ·   | <del></del>   |  | $C_{\perp}$                    |
|                              | NEW Registered Office Address:  |   |   | :E   | PORATIONS                      |
|                              |   |   |   | <u>က</u><br>ငှာ  | Ã                              |
|                              |   |   |   | _  | <u> </u>                       |
|                              | , F   | L   |   |  | (2)                            |
| the cha<br>agent v<br>was/wa | imited liability company is not organized under the lange or changes are made, the Florida street address cwill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the MAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMA | of the registe<br>liability com<br>of the limite<br>e limited lia | red office and the business office<br>pany, it is hereby confirmed that t<br>d liability company or as otherwi  | of the regis   | stered<br>s)                   |
| Signa                        | ture of a member or authorized representative of a member   | <del></del>   | Printed or typed name of sig  | nee  |                                |
| 1011/16                      | by accept the appointment as registered agent and actions of all statutes relative to the proper and completing attions of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.  | gree to act in<br>e performan<br>ed for in Ch<br>I hereby con     | this capacity. I further agree to<br>ce of my duties, and I am familiar<br>apter 605, F.S. Or, if this docume<br>firm that the limited liability comp | comply with<br>with and a<br>ont is being<br>cany has be | h the<br>iccept<br>filed<br>en |
| orgnatu                      | re of Registered Agent  |   |   |  |                                |