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SECRETARY OF STATE
DIVISION OF CORPORATION
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999 Peachtree Street, NE Atlanta, GA 30309-3996 404.853.8000 fax 404.853.8806 www.sablaw.com

ALEXANDRA H. MCLAUGHLIN DIRECT LINE: 404.853.8271 Internet: alex.mclaughlin@sablaw.com

March 20, 2006

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: Argyle Forest Retail I, LLC

Ladies and Gentlemen:

Enclosed for filing on behalf of the referenced company, please find Statement of Change of Registered Office or Registered Agent together with our check in the amount of \$25.00 Please have original evidence of filing forwarded to my attention using the enclosed prepaid Federal Express shipping envelope.

If, for any reason, the enclosed documents are not acceptable for filing, please call me at the telephone number above with the details. Your assistance is greatly appreciated!

Sincerely,

Alexandra McLaughlin

cc: Susan S. Kalus, Esquire, SA&B

AO 1458393.1

Atlanta 🔳 Austin 🔳 Houston 🔳 New York 🔳 Tallahassee 🔳 Washington, DC

-- 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.

I. The nam	e of the limited liability company is:	Argyle Forest Retail I, LLC
2. The mail	ing address of the limited liability company is:	5858 Central Avenue,
		St. Petersburg, Florida 33707-1728
Fe	bruary 14, 2006	L06000016482
3. Date of f	iling/registration in Florida	4. Document number
	of the registered agent and the registered office epartment of State:	address as shown on the records of the
	CT Corporation System	
	Name	
1200 South Pine Island Road		
Address		
	Plantation, Florida 33324	
	City, State and Zi	p 2
6. The name	and address of the new registered agent and/or of	DIVISION OF CO
	Craig Sher	R 2
	Name	- co
	5858 Central Avenue	<u></u>
	Florida street address (P.O. Box I	NOT acceptable)
	St. Petersburg, FL 3370	07-1728
	City, State and Zip	
confirmed the and the busin liability come of the members.	I liability company is not organized under the law at after the change or changes are made, the Floress office of the registered agent will be identicated pany, it is hereby confirmed that the change(s) where of the limited liability company or as otherwing agreement of the limited liability company.	rida street address of the registered office al. Or, in the case of a Florida limited was/were authorized by an affirmative vote
SEMBLER F	AMILY PARTNERSHIP #43, a Florida limited part	nership, its Manager
Ву:	Sembler Retail II, Ind. a Florida corporation, its g	general partner
	By: Name: Craig H. Sher Title: Jack	
	cept the appointment as registered agent and agr the provisions of all statutes relative to the prop miliar with and accept the obligations of my posit , F.S. Or, lif this document is being filed to mere ereby confirm that the limited liability company l	ree to act in this capacity. I further agree to ber and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.
(Signature of Re	egistered Agent) May Shes	
	Division of Corporations, P.O. Box 6323	/ Tallahassee FI, 32314

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