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EXAMINER

· COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RETAIL DEVELOPMEN (Name of Lin	nited 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:			
ERIC J. WARDROP (Name of Person)			
RETAIL DEVELOPMENT GR	oup, ulc		
BODD HOLIDAY DRIVE, (Address) FORT LAUDERDALE, FLORI	# 905 DA 33316	2008 DEC 23 AM SECRETARY OF TALLAHASSEE.F	
(City/State and Zip Code) For further information concerning this matter, ple	ease call:	AM IO: 16 OF STATE E.FLORIOA	
(Name of Person) at (718) 909-9600 (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.

in the State of Frontau.	
1. Name of the limited liability company: RETAIL	DEVELOPMENT GROUP, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	FORT LAUDERDALE, FLORIDA 33316
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3000 HOLIDAY DRIVE, # 905 FORT LAUDERDALE, FLORIDA 33316
2 15 2008 3. Date of filing/registration in Florida	<u></u>
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	ELIC J. WARDROP
Registered Office Address:	SOUD HOLIDAY DRIVE, # 905 FORT LAUDERDALE, FLORIDA 33316
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: AFE ARE SECONDER SE
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	-
(Printed or typed name of signee)	- .
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that inclinited liability company has been notified	ngree to act in this capacity. I further agree to oper and complete performance of my duties, and I as provided for in Chapter 608, change in the registered office address, I hereby it in writing of this change.
(Signature of Registered Agent)	

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