Florida Department of State

Division of Corporations Public Access System

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Account Name : SHUFFIELD LOWMAN

Account Number : 120030000118

Phone Fax Number : (407)581-9800 : (407)581-9801

REGISTERED AGENT CHANGE

FLORIDA RETAIL CENTERS, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| Pursuant to the provisions of sections 608.416 liability company submits the following stateme agent, or both, in the State of Florida. | or 608,508, Florida Statutes, the undersigned limited nt in order to change its registered office or registered | |
|--|---|--|
| 1. The name of the limited liability company is: FLORIDA RETAIL CENTERS, LLC | | |
| 2. The mailing address of the limited liability co | mpany is: | |
| 2200 LUCIEN WAY STE 340, MAITLAND, FL 3275 | 1 | |
| 3/12/2008 | L08000025905 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. The name of the registered agent and the regist Florida Department of State: | tered office address as shown on the records of the | |
| Rebecca H. Forest, | | |
| 4000 Lasine Bione B | Name | |
| 1000 Legion Place, Suite 1700 Address Orlando, FL 32801 City, State and Zip ATA ASA ASA ASA ASA ASA ASA ASA ASA ASA | | |
| Orlando, FL 32801 | Address PA | |
| City, | State and Zip | |
| Orlando, FL 32801 City, State and Zip 6. The name and address of the new registered agent and/or office: William R. Lowman, Jr., Esq. Name 1000 Legion Place, Suite 1700 Florida street address (P.O. Box NOT acceptable) | | |
| William R. Lowman, | Jr., Esq. | |
| | Vame 07 | |
| 1000 Legion Place, St | <u>ifte 1700</u> 응급 5 | |
| Florida street address (P.O. Box NOT acceptable) | | |
| Orlando | FL 32801 | |
| City, State and Zip | | |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. **Company** **Compa | | |
| Rebecca H. Forest, Authorized Representative (Printed or typed name of signee) | · · · · · · · · · · · · · · · · · · · | |
| I hereby accept the oppointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with aid accept the obligations of my position as registered agent as provided for in Chapter 618. Fig. of this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the united travillity company has been notified in writing of this change. | | |
| (Signature of Registered Agent) | · | |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 | | |

FILING FEE: \$25.00

INHS18 (8/05)