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(R	equestor's Name)	
(A	ddress)	<u> </u>
(A	ddress)	
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	^f Status
Special Instructions to	Filing Officer:	

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DB MAY -5 PM 12: 56
SECRETARY OF STATE
SECRETARY OF STATE

M. Thomas MAY - 6 2008

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SHOPPING CENTER (Name of Limited	PROPERTIES, LLC 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 m	atter to the following:
LEGAL & SAFETY RESOURCES	S,LLC ESTA
LEGAL & SAFETY RESOURCES (Firm/Company)	,LLC BENT
416 CLEMATIS STREET	
(Address)	
WEST PARM BEACH, PL 33	401
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
SHARI ELESSAR at (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 following amo	unt:
\$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.

agent, or both, in the State of Florida.	1-
1. The name of the limited liability company is:	SHOPPING CENTER PROPERTIES, LL
2. The mailing address of the limited liability co	ompany is: 325 CLEMATIS ST. #148
WEST PARM BEACH, FLORIT	DA 33401
4-14-08	208000037544
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: SHARI	stered office address as shown on the records of the
416 CLBMA	Name 1775 STREET
WEST PALM F	Address 35401
•	State and Zip gent and/or office: TY RESOURCES, LLC Name 75 STREET S (P.O. Box NOT acceptable)
6. The name and address of the new registered a	TY RESOURCES, LLC
	in the survey of
416 CLEMAN	Name 75 STREET
	s (P.O. Box NOT acceptable)
WEST PARM BEAC	# _{FI} 35401
City, S	state and Zip
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability.	18 Salety Resource
Show Elessal & Safety	Kesoure &
(Printed or typed name of signee)	
	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
(Signature of Registered Agent)	a Lagal & Safety Kesson and
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)