Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Number : I19990000021

Phone : (904)356-2600 Fax Number : (904)355-0233

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RETAIL PRINCIPALS, LLC

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A. LUNT

AUG 10 2009

EXAMINE

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COVER LETTER

	istration Section ision of Corporations				
SUBJECT:	Retail I	Principals, LLC			
	Name of Lim	ited Liability Company			
The enclosed	Articles of Amendment and fee(s) are su	bmitted for filing.			
Please return	all correspondence concerning this matte	r to the following:			
		John S. Ball Name of Person			
	Fisher	, Tousey, Leas & Ball, P.A.			
	2000 SE SE				
	2009 AUG -7 AM 10: 12 SECRETARY OF STATE ALLAHASSEE. FLORIDA				
	UG-7 AM				
	SEE 7				
	TORNAL CONTRACTOR OF THE PROPERTY OF THE PROPE				
	fjohnson@sleiman.com E-mail address: (to be used for future annual report notification)				
For further in	formation concerning this matter, please of	eall:			
	John S. Ball	at (904) 3	56-2600		
	Name of Person	Area Code & Daytime	Telephone Number		
Enclosed is a	check for the following amount:				
\$25.00 Fil	ing Fee S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

H09000178450

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Retail Princ	ipals, LLC				
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appo liability Company	ears on our records.)	·		
The Articles of Organization for this Limited Liability Company were filed on <u>February 13, 2009</u> and assigned Florida document number <u>L09000015098</u> .						
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	ility company h	ere:	200 SE Tali		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Com	puny," the designation	"LL of the subtreviation		
Enter new principal offices address, if applicable:		1 Sleiman Parkway		SSE 7		
(Principal office address MUST BE A STREET ADDRESS)		Suite 270		<u> </u>		
		Jacksonville	e, Florida 32216			
				RID,		
Enter new malling address, if applicable:		1 Sleiman F	arkway	D 10		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 270	P. (2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	14.5 (a) (b)		
		Jacksonville, Florida 32216				
B. If amending the registered agent and/or registered agent and/or the new registered offi			ı our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	Robert K, White					
New Registered Office Address:	New Registered Office Address: 1 Slelman Parkway, Suite 270					
	Enter Florida street address					
J:		cksonville	, Florida _	32216		
	City			Zip Code		
New Registered Agent's Signature, if changing Re	gistered Agent:					

I hereby accept the appointment 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

MGRM = Managing Member

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Title Name **Address** Type of Action MGRM Peter D. Slelman 8669 Baypine Road ☐ Add Remove Suite 100 Jacksonville, Florida 32256 Anthony T. Sleiman MGR ☑ Add <u> 1 Sleiman Parkway</u> □ Remove Sulte 270 Jacksonville, Florida 32216 MGR Eli T. Sleiman, Jr. 1 Sleiman Parkway DhA ⊡ Suite 270 Remove Jacksonville, Florida 32216 □ Add Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 6 2009 Dated_ Signature of a member or authorized representative of a member Robert K. White Typed or printed name of signee

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Filing Fee: \$25.00