

L10000662825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

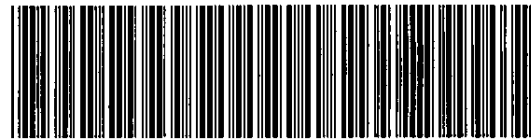
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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T. HAMPTON

NOV 18 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Magnum Shopping Centers Solutions LLC
Name of Limited 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:

Joe Vilsack

Name of Person

Magnum Shopping Center Solutions LLC

Firm/Company

700 S Federal Highway , Ste 105

Address

Boca Raton, Florida 33432

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Vilsack

Name of Person

at (561-)

226-4699

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 NOV 15 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 2, 2010

JOE VILSACK
700 S FEDERAL HWY
STE 105
BOCA RATON, FL 33432

SUBJECT: MAGNUM SHOPPING CENTERS SOLUTIONS LLC
Ref. Number: L10000002825

We have received your document for MAGNUM SHOPPING CENTERS SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00025817

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.

1. Name of the limited liability company: Magnum Shopping Centers Solutions LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

700 S Federal Hwy Ste 105
Boca Raton, Florida 33432

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

102 NE Second St Ste 226
Boca Raton, Florida 33432

01-08-2010
3. Date of filing/registration in Florida

L10000002825
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Business Filings Incorporated

Registered Office Address: 1203 Governor's Square BLVD Ste 101
Tallahassee, Florida 32301-2960

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Agent: Saleena Miller

NEW Registered Office Address: 700 S Federal Hwy Ste 105
(MUST BE FLORIDA STREET ADDRESS) Boca Raton, FL 33432

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.

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 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.

Signature of Registered Agent

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

FILED
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DIVISION OF CORPORATIONS
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