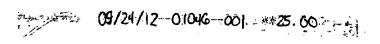
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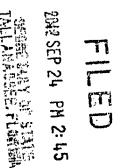
. (Re	equestor's Name)	•
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		!

Office Use Only



400239769354





J. BRYAN
SEP 25 2012
EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831

Austin, TX 78767 Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

DATE: STATE: REP UNIT: 9/18/2012 FLORIDA

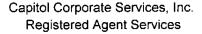
T: PB MALL, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #22929 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767







COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PB MALL, 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:	
Myra Homer	- 23
Name of Person	下路 担
Capitol Services Registered Agent Department	FILEU RZ:45
Firm/Company .	See In
800 Brazos, Suite 400	当日子
Address	S. 13
	調が
Austin, Texas 78701	1 24
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Myra Homerat (800) 345-4647	
Name of Person Area Code & Daytime Telephone Number	_
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
S25 Filing Fee & Certified Copy	

INHS18 (5/08)

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: PB MALL	L, LLC	.
2. (a) Principal office address of limited liability compa		
(Note: MUST BE STREET ADDRESS)		7
(b) Mailing address of limited liability company:		F
(Note: MAY BE POST OFFICE BOX)		
3/3/2010	L10000024215	43.
3. Date of filing/registration in Florida	4. Document number	5
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	i a
Registered Agent:	CORPORATION SERVICE COMPANY	
Registered Office Address:	1201 HAYS STREET	
	TALLAHASSEE FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	NEW Registered Office address:	
NEW Registered Agent:	Capitol Corporate Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive, Suite A	
	Tallahassee , FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as or or the operating agreement of the limited liability company.	te Florida street address of the registered office dentical. Or, in the case of a Florida limited section was years authorized by an affirmative year.	
Signature of a member of authorized representative of a member ORIX Capital Markets, Member		
Elizabeth Daane, Secretary Printed or typed name of signee		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my dutics, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.	
ManuClase Delanie Case, Asst. Se	ecretary on	
Division of Corporations, P.O. Box	•	

FILING FEE: \$25.00

INHS18 (05/08)