## L10000091407

(Requestor's Name)				
(Add	ress)			
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PICK-UP	WAIT	MAIL		
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLANIASSEE, FLORIDA

J. BRYAN

SEP - 8 2010

**EXAMINER** 

## **COVER LETTER**

Division of Cor	porations							
SUBJECT:	Shops a	t Wyth	eville	Con	nmons, LLC			
	Name of				· · · · · · · · · · · · · · · · · · ·	•		
Dear Sir or Madam:								
The enclosed Registere	d Agent/Registered	Office	Change	and f	fee(s) are submitted for	filing.		
Please return all corres	pondence concernin	g this m	atter to	the fo	ollowing:			
	Jose Castilla		· · · · · · · · · · · · · · · · · · ·	_				
1	Varne of Person							
F	irm/Company			_				
6526 S. I	Kanner Hwy, PB 2	298		-		SECE	5	
	Address					AHASSEE,	SEP -7 PM 2: 44	FIL
St	uart, FL 34997					rn -	-	Π
	State and Zip Code						2	
						[0];	Š	
ic cı	un@hotmail.com					골	E	
E-mail address: (to be us	un@hotmail.com ed for future annual repor	t notificatio	on)	_		<b>D</b>	-	
For further information	concerning this ma	tter, ple	ase call	:				
Jose C	astilla	at (	305	)	332-7515			
Name of Pe	erson			Area Co	ode & Daytime Telephone Nun	ıber	_	
	IER ADDRESS:				G ADDRESS:			
Registration Section					on Section			
Division of Corpo Clifton Building	orations	Division of Corporations P.O. Box 6327						
2661 Executive C	enter Circle				ee, Florida 32314			
Tallahassee, Flori			1 411	mingy	.o, 1 1011du 32317			
Enclosed is a cl	neck for the follow	ing amo	unt:					
\$25 Filing Fe	e		\$5	5 Fili	ng Fee & Certified Cop	y		

TO: Registration Section

## 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.

Name of the limited liability company:					
2. (a) Principal office address of limited liability compan	y:				
(Note: MUST BE STREET ADDRESS)					
(b) Mailing address of limited liability company:	Shops at Wytheville Commons, LLC				
(Note: MAY BE POST OFFICE BOX)	6526 S. Kanner Hwy, PB 298 Stuart, FL 34997				
August 31, 2010	L10000091407				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:				
Registered Agent:	GP Real Estate				
Registered Office Address:	2415 NW 31st Street Boca Raton, FL 33431				
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	70. 2				
NEW Registered Agent:	Jose Castilla				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6526 S. Kanner Hwy, PB 298				
	<u>Stuart</u> ,FL <u>34997</u>				
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 plember or authorized representative of a member					
Jose Castilla Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F. S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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					