L10000122575

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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SECRETARY OF STATE
TANK MHASSEE, FLORIDA

ON CALL

T. CLINE

OCT 17 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ		ctory Outlet FL 10 LLC f Limited Liability Company	-
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
	e return all correspondence concernir	-	
	Toni Emerson		
	Name of Person		
	Firm/Company	ALE ALE	2011 OC
	1521 Alton Road	HASSE	14 14
	Address	OF STA	2011 OCT I'L FING 3
	Miami Beach, FL City/State and Zip Code		C.
E	tenewmedia@gmail.con	n t notification)	
For fu	rther information concerning this ma	itter, please call:	
	Toni Emerson	at (305) 397-8241	
	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 follow	ing amount:	
	\$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.

Name of the limited liability company:	Factory Outlet FL 10 LLC			
2. (a) Principal office address of limited liability compar	Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	1200 5th Ave S. Tin City Complex Suite1 Naples, FL 34102			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)				
11/23/10	L10000121575			
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:	Martin F. Klingenberg			
Registered Office Address:	1455 Blue Point Ave AR S			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	<u>⊼</u> ≥			
NEW Registered Agent:	Toni Emerson ਹੁਜਾਂ ਛੋ			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1521 Alton Road Suite 159 Miami Beach ,FL33139			
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 of authorized representative of a member	_			
Martin Hadle Printed or typed name of signee	<u> </u>			
I hereby accept the appointment as registered agent and 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 compar	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.			

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

Signature of Registered Agent