L10000122578

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Second National)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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T. CLINE

OCT 17 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations							
	•							
SUBJE					9 LLC			
	Name of	Limited	l Liabi	lity C	Company			
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office (Change	and	fee(s) are submitted i	for filing.	•	
Please	return all correspondence concernin	g this m	atter to	the	following:			
	Toni Emerson							
	Name of Person							
	Firm/Company					Z SE	2011	
						ECRETARY OF STATE LUAHASSEE, FLORIDA	2011 OCT 14	
	1521 Alton Road					TAR AS:	=	# 54.00 # 140.00
	Address					36E C		1 mm
						, FL	PH 12 34	i i
	Miami Beach, FL					유턴	3	٧
	City/State and Zip Code			····		IDA A	2	
E-r	tenewmedia@gmail.con	notification	on)					
For fur	ther information concerning this ma	tter, plea	ase cal	l:				
	Toni Emerson	at (305)_	397-824	1		
	Name of Person			Area	Code & Daytime Telephone	Number		
	STREET/COURIER ADDRESS:		M	AILE	NG ADDRESS:			
Registration Section Division of Corporations		Re	gistra	tion Section				
			Division of Corporations					
	Clifton Building				x 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301		18	uanas	ssee, Florida 32314			
	Enclosed is a check for the follow	ing amo	ount:					
ſ	✓ \$25 Filing Fee		☐ \$	55 Fi	ling Fee & Certified	Сору		

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.

G,	<i>,</i>				
1. Name of the limited liability company:	Factory Outlet FL 9 LLC				
2. (a) Principal office address of limited liability compa	ıny:				
(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	L10000121578				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:				
Registered Agent:	Martin F. Klingenberg				
Registered Office Address:	1455 Blue Point Ave R S S S S S S S S S S S S S S S S S S				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	EW Registered Office address 5				
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 confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member o	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote				
Martin Hadle Printed or typed name of signee					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties of the pand of the company of the pandress, I hereby confirm that the limited liability company of the company	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my 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