L170006 51451

| (Requestor's Name) | | | | | | |
|---|--------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | ry/State/Zip/Phone | e#) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | : | | | | |
| | | | | | | |
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JAN 28 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: January 26, 2016

Order#: 950500/036

Re: SPF MARKET AT SOUTHSIDE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. | Na | me of the limited liability company: SPF MARKET AT | SOUT | HSIDE, LL | <u>C</u> | |
|--|--------|--|---------------------|-------------------------------|---|--|
| 2 | (2) | Attn: Robert Esposito | (h | ` | | |
| ۷. | (a) | Principal office address of limited liability company: | _ (0 | /N | Mailing address of limited liability company: | |
| | | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST OFFICE BOX) | |
| | | 301 E. Las Olas Boulevard, 7th Floor | | | | |
| | | | - | | | |
| | | Ft. Lauderdale, FL 33301 | - | | | |
| | | • | | | | |
| | | 04/08/2013 | | L1300005 | 51451 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 5. | (a) | Steams Weaver Miller Weissler Alhadeff & Sittersor | ı, P.A. | | | |
| | () | Registered Agent and Registered Office shown on the records of th | | Dept. of State | - :: | |
| | | 150 West Flagler Street, Suite 2200 | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS | | • | |
| | | | | | Ţ | |
| | | | | | 168 16 | |
| | | | 33130 |) | | |
| | | | | | | |
| | (b) | Corporation Service Company | | | SS 7 | |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Office ad | <u>dress</u> : | | |
| | | | | | OF SIAIR EFLORID | |
| | | 1201 Hays Street | | | | |
| | | NEW Registered Office Address: | | | M & SE | |
| | | | | | - | |
| | | Tallahassee , FL_ | 32301 | | | |
| | | | | | - | |
| If th | the l | imited liability company is not organized under the law inge or changes are made, the Florida street address of t | s of the | State of Flo stered office | orida, it is hereby confirmed that after e and the business office of the registered | |
| ag | ent v | vill be identical. Or, in the case of a Florida limited lial | bility co | ompany, it i | s hereby confirmed that the change(s) | |
| W | as/wo | ere authorized by an affirmative vote of the members of cles of creanization or the constitution agreement of the l | the IIm imited l | nted habilit liability con | y company or as otherwise provided in a | |
| (1) | C AIL | and the state of t | | | | |
| | Signa | tuz of a pember or activized representative of a member | <u> </u> | ia Filebe, A | uthorized Person Printed or typed name of signee | |
| ı | howa | by meant the appointment as registered agent and agree | e to act | t in this cap | acity. I further agree to comply with the | |
| p_{l} | oviși | ions of all statutes relative to the proper and complete p | perform | ance of my | duties, and I am familiar with and accept | |
| 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 605, 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 charge. | | | | | | |
| ne | otifie | Ain writing of this charge | • | - | | |
| S | ignatu | re of Edgistered Agent Corporation Service Company | BY: S | Sylvia Que | ppet, Asst. Vice President | |

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