## 43000104033

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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJI	PUBLIX NORTH CAROLIN	A EMPLOYE	E SERVICES, LLC		
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Jenni	ifer Martin				
	Name of Person	· · · · · ·	_		
Publi	x Super Markets, Inc.				
	Firm/Company		_		
3300	Publix Corporate Parkway				
	Address		_		
Lakel	and, FL 33811				
	City/State and Zip Code				
Entity	/Filings@publix.com				
Е	-mail address: (to be used for future ann	ual report notifi	ication)		
For fur	ther information concerning this matter.	please call:			
Jenni	fer Martin	863	688-7407		
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Iahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		

INHS18 (2/14)

## 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: PUBLIX NOR	TH CA	ROLINA 8	EMPLOYEE SERV	ICES, LLC	
	3300 Publix Corporate Parkway	(b) 3300 Publix Corporate Parkway				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  LAKELAND, FL 33811	(0	:	Mailing address of limited I (Note: MAY BE POST AND, FL 33811		y:
	07/23/2013		L130001	<del> </del>		
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 Stat	e:		
	3300 Publix Corporate Parkway  Registered Office Address (MUST BE FLORIDA STREET)	1000ECC	<del>.</del>	_		
	Registered vince Address PROST BE PLONIDA STREET.	·(I)DKE33	L			
	Lakeland, FL	33811		<del></del>		
/L.\	Merriann M. Metz					• .
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	I <u>ress</u> :	_	2	- <u>'</u>
	Same				**	
	NEW Registered Office Address:			_		
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	, FL	·		_		20 21 SH5
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regise ability constitution of the limited l	stered offic impany, it i ited liabilit iability cor	e and the business off is hereby confirmed th ty company or as other	ice of the reg at the change	iter istered :(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of	'signee	
provisi the obl to merc notified	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide all reflect a change in the registered office address. I dim writing of this change?	ree to act perform d for in C hereby co	in this cap ance of my hapter 60, mfirm that	oacity. I further agree duties, and I am famil 5, F.S. Or, if this doci the limited liability co	to comply wi liar with and ment is being ompany has b	th the accept g filed seen