1/4000/03079

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COVER LETTER

1NHS18 (2/14)

TO:	Registration Section Division of Corporations								
SHRI	PSM COTTONWOOD CORNERS, LLC								
30177	SUBJECT:Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the f	following:						
Jenn	ifer Martin								
	Name of Person		_						
Publi	x Super Markets, Inc.								
	Firm/Company	,	_						
3300	Publix Corporate Parkway								
	Address		_						
Lake	land, FL 33811								
	City/State and Zip Code		_						
Entity	yFilings@publix.com								
	E-mail address: (to be used for future ann	ual report notifi	cation)						
For fu	rther information concerning this matter,	please call:							
Jenni	ifer 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.O	ALING ADDRESS: distration Section dision of Corporations dispersion Box 6327 dahassee, Florida 32314						
Enclosed is a check for the following amount:									
	☑ \$25 Filing Fee	□ \$5.	5 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 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. 8	lame of the limited liability company:	OOWNC	D CORNE	ERS, LLC		
2. (a)	3300 Publix Corporate Parkway	(b)	(b) 3300 Publix Corporate Parkway			. <u></u> -
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liability (Note: MAY BE POST OFFIC		•
	LAKELAND, FL 33811	 -	LAKEL	AND, FL 33811		
	06/26/2014		L1400010)3079		
3.	Date of filing/registration in Florida	— 4.		Document number		
5. (a	յ John A. Attaway, Jr.					
. (Registered Agent and Registered Office shown on the records of	Ethe Florida	Dept. of State	1		
	3300 Publix Corporate Parkway					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	!			
	Lakeland, F	33811				
(b)	Merriann M. Metz				- 5	
	Enter name of NEW Registered Agent and/or NEW Registere	<u>d Office add</u>	lress:		1_	
	5.22.				. 10	
	NEW Registered Office Address:				3 3 3	50000 TO
		Ι				J. H.S.
the chagent was/w the ar	limited liability company is not organized under the la tange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited leavere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the authorized representative of a member of authorized representative of a member or authorized representative of a member of a membe	nws of the of the regis iability co of the limited lim	tered office mpany, it is ited liability ability com riann M. N	and the business office of hereby confirmed that the company or as otherwise pany. Metz, VP and Secretary Printed or typed name of signee	the regi change provide	istered (s) d in
provis the of to me	ions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I A clin writing of this change.	gee to act e performa ed for in C hereby co	in itus capa ince of my a hapter 605, nfirm that t	wiv. I juriner agree to con luties, and I am familiar wi F.S. Or, if this document i he limited liability compan	ipiy wil th and d is being v has b	in ine accept g filed een

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