

L14000103079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

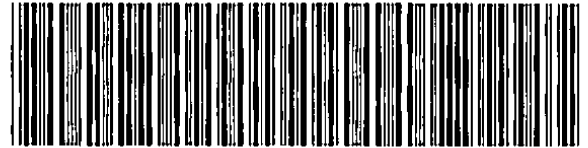
(Business Entity Name)

(Document Number)

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STATE AND LOCAL  
DIVISION OF CORPORATIONS  
JUN 11 04 08:30

RA Change

JUN 20 201

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PSM COTTONWOOD CORNERS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Martin

\_\_\_\_\_  
Name of Person

Publix Super Markets, Inc.

\_\_\_\_\_  
Firm/Company

3300 Publix Corporate Parkway

\_\_\_\_\_  
Address

Lakeland, FL 33811

\_\_\_\_\_  
City/State and Zip Code

EntityFilings@publix.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Martin

at ( 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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

RECEIVED  
DIVISION OF CORPORATIONS  
19 JUN -1 AM 8:30

*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.*

INHS18 (2/14)

FILED STATE  
CLERK OF DISTRICT COURT  
JAN 11 1964  
10:30 AM