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| (Requestor's Name) | | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | | |
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| (Business Entity Name) | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to Elling Office | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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COVER LETTER

| | tration Section ion of Corporations | | | | |
|-----------------------------------|--|----------------|---|-------------------|----------------------------------|
| SUBJECT: | PSM MARINER COMMONS | S, LLC | | | |
| SOBSECT. | Nam | e of Limited | Liability Company | | |
| Dear Sir or M | adam: | | | | |
| The enclosed | Registered Agent/Registered Offi | ce Change an | nd fee(s) are submitted for filing. | | |
| Please return | all correspondence concerning thi | s matter to th | e following: | | |
| Jennifer Ma | artin | | | | |
| | Name of Person | | <u> </u> | | |
| Publix Supe | er Markets, Inc. | | | | |
| | Firm/Company | | | | |
| 3300 Publix | c Corporate Parkway | | | | |
| | Address | - | | | |
| Lakeland, F | FL 33811 | | | | |
| | City/State and Zip Code | | | | . |
| EntityFiling | s@publix.com | | | ંડે | |
| E-mail a | ddress: (to be used for future ann | ual report not | ification) | | (조) - 도라 |
| For further in | formation concerning this matter, | please call: | | ` - | : <u>:</u> -:: |
| Jennifer Ma | artin | 863 | 688-7407 | ∄ ૄ (;) | - 515 - 517 - 517 - 517 |
| | Name of Person | | Area Code & Daytime Telephone Number | <u>ယ</u> | MINIC |
| Regis Divisi Clifto 2661 | tration Section fon of Corporations and Building Executive Center Circle massee, Florida 32301 | R D P | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | S |
| Enclo | sed is a check for the following | amount: | | | |
| ☑ \$25 | ☑ \$25 Filing Fee | | | | |

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. N | ame of the limited liability company: PSM MARIN | ER COM | MONS, LLC | | | | |
|--|--|--|--|---|--|--|--|
| 2. (a) | 2200 Dubliy Corporate Deskusy | | 2200 Dublin Companie Bodyna | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | - | Mailing address of limited liability company: | | | |
| | LAKELAND, FL 33811 | | (NOTE: MAY BE LAKELAND, FL 338 | POST OFFICE BON | | | |
| | EARLEAND, 1 E 33011 | | LANELAND, FL 336 |) | | | |
| | 08/04/2014 | | 4000121921 | | | | |
| 3. | Date of filing/registration in Florida | 4. | Document num | nber | | | |
| 5. (a) | John A. Attaway, Jr. | | | | | | |
| (, | Registered Agent and Registered Office shown on the records of | the Florida De | pt. of State: | | | | |
| | 3300 Publix Corporate Parkway | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | | | | | | |
| | | | | | | | |
| | Lakeland | 33811 | | | | | |
| | F1 | | | | | | |
| (b) | Merriann M. Metz | | | 3 | | | |
| (, | Enter name of NEW Registered Agent and/or NEW Registered | <u>~</u> : | | | | | |
| | 0 | | | | | | |
| | Dame | | | | | | |
| | NEW Registered Office Address: | | | 1.8.1 1.00.1 | | | |
| | | | | | | | |
| | | | | 3-1048 | | | |
| | , FI. | <u>.</u> | | | | | |
| the cha agent v was/ve | imited liability company is not organized under the lange 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 | f the registe lability comp of the limite climited liab | red office and the busine pany, it is hereby confirm d liability company or as paility company. | ess office of the registered ned that the change(s) s otherwise provided in | | | |
| Signa | J MUMANW 4 sture of a member or authorized représentative of a member | Merria | ann M. Metz, VP and Printed or typed o | | | | |
| I here provisi the obt to mer notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in veriting of this change | ree to act in performane ed for in Che hereby conf | this conveity. I further | auraa to comply with the | | | |