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(Requestor's Name) (Address) (Address)													
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : 12000000195							
REFERENCE : 290821 4384197							
AUTHORIZATION: Spellelle man							
COST LIMIT : \$ (25,00							
ORDER DATE : September 14, 2016							
ORDER TIME : 12:06 PM							
ORDER NO. : 290821-005							
CUSTOMER NO: 4384197							
CHANGE OF AGENT							
NAME: MEGACENTER HALLANDALE LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Courtney Williams EXT# 62935							
EXAMINER:							

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: MEGACENTER	HALLA	NDALE LL	C	
2.	(a)		_ (b	(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		8600 NW SOUTH RIVER DRIVE SUITE 100		SAME	\ <u></u>	
			_	OAME		
		MEDLEY, FL 33166	_			
		9/15/14		L140001	44101	
3.		Date of filing/registration in Florida	4.	2710007	Document number	
5.	(a)	CF REGISTERED AGENT, INC.				
٥.	(4)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of Sta	te:	
					_	
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2		
		100 S. Ashley Drive Suite 400			- 25	
		Tampa , FL_	33602	2		
	(b)	Corporation Service Company				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	<u>dress</u> :	TARY OF STATE	
		1201 Hays Street			STAT STAT	
		NEW Registered Office Address:			- OM -	
			_			
		Tallahassee , FL	32301		_	
the age wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regist bility co I the lim	stered offic ompany, it sited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
		/S/ URETA, PATRICIO	URI	ETA, PATR	RICIO	
S	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to i	ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act perform I for in (ereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Sig	gnatu	re of Registered Agent Corporation Service Company	BY: (Courtney \	Williams, Asst. V.P.	

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