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TO:

INHS18 (2/14)

Registration Section

Division of Corporations									
SUBJECT: PSM CORNER LAKES PLA	AZA, LLC								
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.								
Please return all correspondence concerning th	is matter to the following:								
Jennifer Martin									
Name of Person									
Publix Super Markets, Inc.									
Firm/Company									
3300 Publix Corporate Parkway									
Address									
Lakeland, FL 33811		15 July 15 Jul							
City/State and Zip Code									
EntityFilings@publix.com		<u>.</u> -							
E-mail address: (to be used for future ann	ual report notification)	7.D							
For further information concerning this matter,	please call:	8: კე							
Jennifer 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	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								

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	ume of the limited liability company: PSM CORNER	R LAK	ŒS	S PLAZA	A, LLC		
2. (a)	3300 Publix Corporate Parkway	((b) 3300 Publix Corporate Parkway				
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	LAKELAND, FL 33811	-	-	LAKEL	AND, FL 33811		
	09/19/2014		L	1400014	17704	- "	
 (a) 	Date of filing/registration in Florida John A. Attaway, Jr.	4.			Document number		
(4)	Registered Agent and Registered Office shown on the records of the 3300 Publix Corporate Parkway Registered Office Address (MUST BE FLORIDA STREET A)			ept, of State	:: :		
	Lakeland .FL	33811					
(b)	Enter name of NEW Registered Agent and/or NEW Registered (NEW Registered Office Address:	Office as	idre	<u>ss</u> :		19 "38 - " AM	5,35,13,35,34,35,45,45,45,45,45,45,45,45,45,45,45,45,45
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the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete relative to the proper and complete.	he reginity of the linited Me	iste om nite lial erria	red office pany, it is defined the liability com ann M. is this cane	and the business off thereby confirmed the company or as other ipany. Metz, VP and Sec Printed or typed name of activ. I further agree	fice of the reg hat the chang erwise provid cretary f signee	fter gistered e(s) ed in
the obl to mere notified	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered office address. I have a change in the registered of the change in the registered of the registered of the change.	for in ereby c	Che	ze oj mv c upter 605, urm that t	aates, and r am jami , F.S. Or, if this doc the limited liability c	ument is beir ompany has	accept g filed been

Signature of Registered Agent