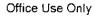
## 114 000 188 760

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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Ra Change

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## COVER LETTER

TO: Registration Section Division of Corporations		
PSM COLONIAL CROSSI	NGS, LLC	
	me of Limite	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change	and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to	the following:
Jennifer Martin		
Name of Person		<del></del>
Publix Super Markets, Inc.		
Firm/Company		<del></del>
3300 Publix Corporate Parkway		
Address		<u> </u>
Lakeland, FL 33811		
City/State and Zip Code		
EntityFilings@publix.com		
E-mail address: (to be used for future ar	inual report r	otification)
For further information concerning this matte	r, please call	:
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	ig amount:	
☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

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.

Name of	the limited liability company: PSM COLON	IIAL CROS	SINGS, LLC		
	Publix Corporate Parkway	(b) 33	(h) 3300 Publix Corporate Parkway		
· · · · · · · · · · · · · · · · · · ·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
L.A	AKELAND, FL 33811	<u>L</u>	AKELAND, FL 33811		
12/1	0/2014	 L14	1000188760		
	Date of filing/registration in Florida	4.	Document number		
(a) Joh	n A. Attaway, Jr.				
	tered Agent and Registered Office shown on the records of	the Florida Dept	t, of State:		
330	0 Publix Corporate Parkway				
Regis	stered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)			
 Lak	eland	33811	<del></del>		
	, FL		<del></del>		
(b) Meri	riann M. Metz		<b>15</b>		
•	name of NEW Registered Agent and/or NEW Registered	Office address			
	Same				
NEW	Registered Office Address:				
			<del></del> မှ ့		
	. FL				
he limited	liability company is not organized under the lav		e of Florida it is hereby confirmed that after		
change o ent will be is/were aut carticles o	r changes are made, the Florida street address of identical. Or, in the case of a Florida limited liathorized by an affirmative vote of the members of organization or the operating agreement of the way.	the registere ability compa of the limited limited liabil	d office and the business office of the registere my, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
- 1/ 1	a member or authorized representative of a member	- IVICITIAL	Printed or typed name of signee		
	•		his capacity. I further agree to comply with the		

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