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COVER LETTER

TO: Registration Section **Division of Corporations** PSM SHOPS AT VERANDAH, LLC SUBJECT: 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 863 688-7407 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

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	une of the limited liability company: PSM SHOPS A	AT VE	RA	.NDAH	H, LLC			
2. (a)	3300 Publix Corporate Parkway		(b) 3300 Publix Corporate Parkwa					_
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	LAKELAND, FL 33811	_	l	AKEL	AND, FL 33811			
	01/26/2015	_	 L1:	50000)14923			
3.	Date of filing/registration in Florida	4.			Document numbe			
5. (a)	John A. Attaway, Jr.							
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida	a Dep	ot, of Stat	te:			
	3300 Publix Corporate Parkway							
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	<u> </u>		_			
	, t'l	33811			_			
(b)	Merriann M. Metz		_		_		<u></u>	-: 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office ad	dres	5 :			D	27
	Same						7	4
	NEW Registered Office Address:				_		_	No the Control Attons
							3	.;
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	, FL				_		-	ON.
the cha agent w was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	he registility economics the limited I	stere ompa ited liabi	ed offic- any, it i Hiabilit lity con	te and the business of is hereby confirmed ty company or as ot	office of the I that the cha therwise pro	regis ange(er stered s)
Signat	ure of a member or authorized representative of a member				Printed or typed name	 		
provisit the obli to mere notifieq	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change.	e to act erforme for in C ereby co	t in t ance Thap onfu	his cap e of my ster 602 m that	oacity. I further agg duties, and I am fa 5, F.S. Or, if this d the limited liability	ree to compo miliar with ocument is t company k	ly with and a being ias be	h the ccept filed en