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(Requestor's Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	FCT: PSM SEA PLUM TOWN C	ENTER, LLC				
		me of Limited Lia	bility Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning the	his matter to the fo	ollowing:			
Jenn	ifer Martin					
	Name of Person		_			
Publi	x Super Markets, Inc.					
	Firm/Company		_			
3300	Publix Corporate Parkway					
	Address		_			
Lake	land, FL 33811					
	City/State and Zip Code		_			
Entity	yFilings@publix.com					
Ī	E-mail address: (to be used for future an	nual report notific	cation)			
For fu	rther information concerning this matter	r, please call:				
Jenn	ifer Martin	863 at (	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	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	<b>□</b> \$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.	Name of the limited liability company: PSM SEA Pl	LUM TOW	N CENTER, LLC			
2. (a	3300 Publix Corporate Parkway	(b) <sup>(</sup>	(b) 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 BON)			
	LAKELAND, FL 33811		LAKELAND, FL 33811			
	10/29/2015	 L1	5000184099			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	John A. Attaway, Jr.					
	Registered Agent and Registered Office shown on the records of 3300 Publix Corporate Parkway	f the Florida De	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	<del></del>			
	Lakeland	33811				
(b)	Merriann M. Metz			<b>5</b>		
	Enter name of NEW Registered Agent and/or NEW Registered	<u>w</u> :				
	NEW Registered Office Address:	<del></del>				
				PH 9: 31		
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the cl agent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lyere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	of the register iability comp of the limite e limited liab	red office and the business offic pany, it is hereby confirmed that d liability company or as othery	ee of the registered t the change(s) vise provided in		
Sign	nature of a member or authorized representative of a member		Printed or typed name of s	ignee		
provi the oi to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.  MANGEMENT Agent	ree to act in e performanc ed for in Cha hereby conf	this capacity. I further agree to se of my duties, and I am familio spier 605, F.S. Or. if this docum from that the limited liability con	o comply with the ar with and accept nent is being filed npany has been		