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(Re	equestor's Name)
(Ac	ldress)
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(Cī	ty/State/Zip/Phone #)
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ACCOUNT NO. : 072100000032

REFERENCE : 867387 4345310

AUTHORIZATION :

ORDER DATE: December 20, 2002

ORDER TIME: 8:01 AM

ORDER NO. : 867387-060

CUSTOMER NO: 4345310

CUSTOMER: Ms. Deborah Zahar

Debartolo Property Group, Llc Suite 300, 100 Debartolo Place

Southwoods Exec.ctr

Youngstown, OH 445136085

CHANGE OF AGENT

NAME: DEMIDION DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability	y company is: DEMIDIO	N DEVELOPMENT, LLO	<u> </u>
2. The mailing address of the limi	ted liability company is:		
-	•		
15438 North Florida Aven	ue, Suite 200, Tamp	a, Florida 33613	<u> </u>
July 27, 2000		M00000001472	
3. Date of filing/registration in Flo	orida	4. Document numb	ber
5. The name of the registered agen Florida Department of State:	t and the registered office	e address as shown or	the records of the
	Edward Midye	tt	
	Name		
154	438 North Florida Ave	e, Suite 102	7
	Address		
	Tampa, FL 336	13	
	City, State and 2	Zip	2 7
6. The name and address of the ne-	w registered agent and/or	office:	SSEE 5
	Corporation Service	Company	TO B IT
	Name		
	1201 Hays Stree	et	1: 09
Florida	a street address (P.O. Box	NOT acceptable)	
Tal	lahassee FL	32301	
	City, State and Zi	p	
If the limited liability company is a confirmed that after the change or and the business office of the regis liability company, it is hereby confithe members of the limited liability the operating agreement of the limited liability the operating agreement of the limited liability the operating agreement of the limited liability that the limited liability the operating agreement of the limited liability that the limited liability the limited liability that the limited liability the limited liability that the limited liability that the limited liability that the limited liability that the limited liability liab	changes are made, the Flotered agent will be identifirmed that the change(s) y company or as otherwise ited liability company. Changes are made, the Flotered agent will be identified to identify the change of a member)	orida street address of cal. Or, in the case of was/were authorized	f the registered office f a Florida limited by an affirmative vote of
(Printed or typed name of signee)			
I hereby accept the appointment a comply with the provisions of all s and I am familiar with and accept Chapter 608, F.S. Or, if this document and the second that the second second that the second s	is registered agent and ag tatutes relative to the pro the obligations of my pos ment is being filed to men limited liability company	gree to act in this cap per and complete per ition as registered as rely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		•	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00