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To:

Division of Corporations

Pax Number : (850)617-6383

Prom:

: UNITED AGENT GROUP INC. Account Name

Account Number : I20160000086 : (561)508-5033 Phone : (561)694-1639 Fax Number

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Email Address: LLC REGISTERED AGENT CHANGE COLUMBIA REGENCY RETAIL PARTNERS, LLC 0 Certificate of Status 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

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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: COLUMBIA REGENCY RETAIL PARTNERS, LLC		
2. (a)	ONE INDEPENDENT DRIVE	(b) ONE INDEPENDENT DRIVE
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 114	SUITE 114
	JACKSONVILLE, FL 32202-5019	JACKSONVILLE, FL 32202-5019
	03/19/2001	M0100000602
3. 5. (a)	Date of filing/registration in Florida F & L CORP.	4. Document number
ره) .د	Registered Agent and Registered Office shown on the records of ONE INDEPENDENT DRIVE	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE SUITE 1300	T ADDRESS)
	JACKSONVILLE,1	32202 5 0 6
(b)	United Agent Group Inc.	ALLE E T
(-)	Enter name of NEW Registered Agent and/or NEW Register	rd Office address:
	11380 Prosperity Farms Road #221E	SEE G
	NEW Registered Office Address:	T OR
	Palm Beach Gardens	FL 33410
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.		
		Jon-Michael Sanchez, Attorney-in-Fact
- \	sture of a member or allthorized representative of a member	Printed or typed name of signoc
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		
Signati	of of Registeres Agent	Jon-Michael Sanchez, Special Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00		