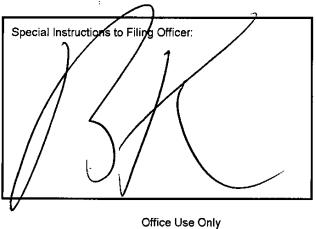
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(R	Requestor's Name	9)
(A	ddress)	
(A	(ddress)	
(C	city/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
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(B	Business Entity Na	ame)
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(D	ocument Numbe	r)
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Certified Copies	Certificati	es of Status
:		,
Special Instructions to	Filina Officer:	





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07 OCT 10 AM IU: 43

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TALLAHASSEE, FINDRE



ACCOUNT	NO.	:	072100000032

REFERENCE: 062020

ORDER DATE : 10-10-07

ORDER TIME : 10:0 AM

ORDER NO. : 062020-435

CUSTOMER NO: 4360443

CHANGE OF AGENT

NAME: CLEARWATER MALL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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 limite	d liability company i	s: CLEARWAT	ER MALL, LLC	·			
2. The mailing address of	the limited liability	company is :		•			
420 Lexington Avenue, 7th Fl	oor, New York, NY 1017	70					
January 31, 2002			M02000000307				
3. Date of filing/registration	on in Florida	•	4. Document num	iber			
5. The name of the register Florida Department of		sistered office a	ddress as shown o	on the records of the			
		James B. Soble					
		Name					
	401 East	Jackson Street, Suite	2700				
	Т	Address	1				
		pa, FL 33602-584 y, State and Zip					
6 The name and address	•	•		75 OI			
6. The name and address of	of the new registered	agent and/or of	ince:	FG 8 7			
	Corporat	tion Service Comp	any	一覧コー			
	Name Sp 0						
1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
	Tallahassee	FL	32301	OT OCT 10 PH 12: 54 SECRETARY OF STATE TALLAHASSEE, FLORI			
		State and Zip					
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority)	npany is not organized ange or changes are the registered agent whereby confirmed that the liability companit of the limited liability.	d under the law made, the Flori will be identica he change(s) want by or as otherwi ity company.	da street address of l. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote			
Maureen Cullen, Attorney In I	act						
(Printed or typed name of signee)							
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm the Chapter of Registered Agent)	intment as registered s of all statutes relation of all statutes relation decept the obligation his document is being that the limited liabile. Lawre Michelle R. Vannoy, Asst	n	ee to act in this cap r and complete pe on as registered a v reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.			

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