M02000003252

(Re	equestor's Name)	
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ACCOUNT NO. : 072100000032

REFERENCE: 867387 4345310

AUTHORIZATION :

COST LIMIT : \$ 25.00 Tucia MAIN

ORDER DATE: December 20, 2002

ORDER TIME : 8:18 AM

ORDER NO. : 867387-195

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: NBLE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

03 JAN 15 PM 1:1

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 company is	: NBLE, LLC	<u> </u>			
2. The mailing address of the	he limited liability c	ompany is ·				
15438 North Florid	•		- Florida 336	613		<u> </u>
			, 1201100 000			 -
December 9, 2002		· <u> </u>	M02000003252		·	····
3. Date of filing/registration	n in Florida	4	l. Document nu	mber		
5. The name of the registere Florida Department of Sta	d agent and the regi	stered office ac	idress as shown	on the reco	ords of the	
_	Lis	a Debartolo		_		
	· · · · · · · · · · · · · · · · · · ·	Name		~		
	15438 North F		Suite 200	:		
		Address				
_		pa, FL 33613	_	_		
	City	, State and Zip				
6. The name and address of	the new registered a	agent and/or off	fice:		13. 13.	
	Corporatio	n Service Co	mpany _			
		Name		•		77>
_		Hays Street				111
Ì	Florida street addre	ss (P.O. Box N	OT acceptable)			
	Tallahassee	FL	32301	··-		-:
_	City,	State and Zip			क्रींक 👁	-
If the limited liability compared confirmed that after the charand the business office of the liability company, it is hereby the members of the limited I the operating agreement of the company of the	nge or changes are re registered agent was confirmed that the liability company or the limited liability of a membrane are registered.	nade, the Florid rill be identical. e change(s) was as otherwise prompany.	la street address. Or, in the case s/were authorize rovided in the ar	of the regi- of a Florid d by an aff rticles of or	stered office la limited Tirmative voti rganization o	e of or
I hereby accept the appoints comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm th	ment as registered to of all statutes relativ iccept the obligation is document is being tat the limited liabil	igent and agree ve to the proper ns of my positio filed to merely ity company ha	e to act in this co and complete pon as registered of reflect a change s been notified i	ipacity. If erformance agent as pr e in the reg n writing o	uriner agree e of my dutie rovided for in istered office if this change	10 S, 1 2

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

FILING FEE: \$25.00

INHS18(10/99)

Source of Registered Agent)