## M03000004102

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (,                                      |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
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|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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D. BRUCE

JUL 0 2 2010

**EXAMINER** 

## **COVER LETTER**

| TO: •Registration Division o | on Section<br>f Corporations  |   |                    |
|------------------------------|---|---|--------------------|
| SUBJECT:                     |   | Shopping Center Associat<br>Limited Liability Company | es, LLC            |
| Dear Sir or Madar            | n:  |   |                    |
| The enclosed Regi            | istered Agent/Registered  | Office Change and fee(s) are submi                    | tted for filing.   |
| Please return all co         | orrespondence concerning  | g this matter to the following:                       |                    |
| ı                            |   |   |                    |
|                              | Anthony J. Haynes   |   | .4                 |
|                              | Name of Person  |   | ं इ                |
| Bermuda Avenu                | Le Shopping Center As<br>Firm/Company   | sociates, LLC   | 10 JUL - 1 PH 2: 2 |
|                              | P.O. Box 296  |   | Est is             |
|                              | Address   |   | 29                 |
| Conve                        | ent Station, NJ 07961-0<br>City/State and Zip Code  | 296   |                    |
| E-mail address: (to          | haynes@optonline.net  | notification)   |                    |
| For further inform           | ation concerning this mat   | ter, please call:                                     |                    |
|                              | ny J. Haynes  |   | 0800               |
| Nam                          | e of Person   | Area Code & Daytime Tele                              | phone Number       |
|                              | OURIER ADDRESS:   | <b>MAILING ADDRESS:</b>                               |                    |
|                              | Registration Section Registration Section Division of Corporations Division of Corporations |   |                    |
|                              | •   | Division of Corporations                              |                    |
| Clifton Buil                 | ding<br>tive Center Circle  | P.O. Box 6327   | 1                  |
|                              | Florida 32301   | Tallahassee, Florida 32314                            | •                  |
| Enclosed is                  | s a check for the following   | ng amount:  |                    |
| \$25 Fili                    | ng Fee  | \$55 Filing Fee & Certif                              | fied Copy          |

INHS18 (5/08)

## 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. Name of the limited liability company: Bermuda A  | venue Shopping Center Associates   |  |  |  |
|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company   | y: 301 East Hanover Avenue   |  |  |  |
| (Note: MUST BE STREET ADDRESS)   | Morristown, NJ 07960   |  |  |  |
| (b) Mailing address of limited liability company:  | P.O. Box 296   |  |  |  |
| (Note: MAY BE POST OFFICE BOX)   | Convent Station, NJ 07961-0296   |  |  |  |
| 12/01/2003   | M0300004102  |  |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number   |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on   | the records of the Florida Dept. of State:   |  |  |  |
| Registered Agent:  | Marvin Beaman, Jr.   |  |  |  |
| Registered Office Address:   | 605 North Wymore Road 605 Winter Park, FL 32789  |  |  |  |
|  | 3-7 1  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:   |  |  |  |  |
| NEW Registered Agent:  | Warren Blydenburgh → ∾ ▽   |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  | 2403 Sweet Briar Court   |  |  |  |
|  | Kissimmee ,FL 34744  |  |  |  |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of elementer or authorized representative of a member.  Anthony J. Haynes  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the product of the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of t | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization |  |  |  |
| address, I hereby confirm that the limited liability company  Signature of Registered Agent  | v has been notified in writing of this chänge.   |  |  |  |

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

INHS18 (05/08)