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2009 HAY -6 AM 11: 25 SECRETARY OF STATE

T. CLINE

MAY - 7 2009

EXAMINER



200 VY est A dams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

May 1, 2009

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State P.O. Box 6327 Tallahassee, FL 32314

RE: Glimcher MS LLC

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the forms to change the registered agent/office for the above captioned in your state. Also, enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

11/10/

NN/ms Encl.

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: Glimcher M	MS, LLC	Ð
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	ny: 180 East Broad Street Columbus, OH 43215	0
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	180 East Broad Street Columbus, OH 43215	9 9
04/07/2005 3. Date of filing/registration in Florida	M05000001824 4. Document number	77
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of the Florida Dep	m
Registered Agent: Registered Office Address:	Corporation Service Company 1201 Hayes Street Tallahassee, FL 32301	-
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	NRAI Services, Inc. 2731 Executive Park Drive	Œ
(MUST BE FLORIDA STREET ADDRESS)	Suite 4 Weston ,FL 33331	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered office and the busin case of a Florida limited liability company, it is by an affirmative vote of the members of the lin	ess nited
(Signature of a member of authorized representative of a member) Kim A. Rieck, Authorized Person		
(Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my position of this document is being filed to merely reflect a confirm that the limited liability company has been notified NRAI Services, Inc. (Signaphre of Registered Agent) Norine Nagel-Assistant Secretary	agree to act in this capacity. I further agree to proper and complete performance of my duties, and a registered agent as provided for in Chaptel a change in the registered office address, I hereby a change in the registered office address, I hereby a change.	and I r 608, vy

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