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(Requestor's Name)
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(A.11
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Bu s iness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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<i>Y / Y</i>
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	ACCOUNT NO.	:	07210000	0032	
	REFERENCE	:	069771	4360443	
	AUTHORIZATION	d	Someth of	na	
	COST LIMIT	: (\$ 25.00		_: .
ORDER DATE :	August 24, 2007	 -	_		
ORDER TIME :	1:55 PM				\$ 0
ORDER NO. :	069771-405				THE STATE OF THE S
CUSTOMER NO:	4360443				28 M
COST LIMIT : 25.00 ORDER DATE : August 24, 2007 ORDER TIME : 1:55 PM ORDER NO. : 069771-405 CUSTOMER NO: 4360443 CHANGE OF AGENT NAME: CENTRO SATURN MERGERSUB LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY					
NAME :	CENTRO SATURI	N ME	RGERSÜB L	LC	
		S PR	OOF OF FI	LING:	
CONTACT PERSON	1: Troy Todd				
	EX	TMA	VER'S TNI	TTALS:	

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	is: CENTRO	SATURN MERGERSUB	LLC
2. The mailing address of	the limited liability	company is	•	
580 W. Germantown Pike, Su	ite 200, Plymouth Meeti	ng, PA 19462		
10/19/2006			M06000005777	
3. Date of filing/registration	on in Florida	•	4. Document numb	er
5. The name of the register Florida Department of S	red agent and the reg	gistered offic	ce address as shown on	the records of the
•		Corporate Serv	ices, Inc.	2.1
		Name		
	155 Off	ice Plaza Drive	, Suite A	
		Address		4.00
		ahassee, FL 3		題言れ
	City	y, State and	Zıp	
6. The name and address of	f the new registered	agent and/o	r office:	TANG 28 M 8: 37
	Corporat	tion Service Co	ompany	500 至一
		Name		7, 0
-		01 Hays Street		Q 3
	Florida street addre	ess (P.O. Bo	(NOT acceptable)	ãr.
	Tallahassee	FL	32301	
	City,	State and Z	ip	
If the limited liability com- confirmed that after the ch- and the business office of the liability company, it is here of the members of the limited or the operating agreement	ange or changes are the registered agent very confirmed that the tited liability compant of the limited liability.	made, the Fl will be ident he change(s) by or as other ity company	orida street address of ical. Or, in the case of was/were authorized b wise provided in the a	the registered office a Florida limited ov an affirmative vote
Maureen Cullen, Attorney In Fa	not.			
(Printed or typed name of signee)	.et		- Haw'	ير ر
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or. if the address, I hereby confirm to the confirm of Registered Agent) M	K-1/am	n (/>>/	gree to act in this capa per and complete perfo ition as registered age rely reflect a change in has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.

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