

M08000001410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

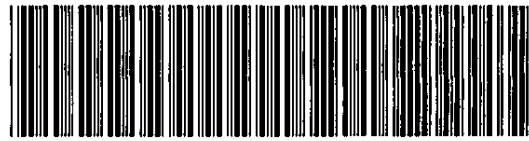
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

SEP 30 2011

EXAMINER



Keefe, Anchors
Gordon & Moyle

REPLY TO: KATY KRUEGER

kkruieger@kagmlaw.com

Office: (850) 863-1974

Fax: (850) 863-1591

DATE: September 29, 2011

TO: Brenda-FL Dpt of State

FAX: (850) 245-6030

FROM: Katy Krueger, Legal Assistant

RE: Northcross Shopping Center, LLC

MESSAGE: As discussed on the phone, please see the attached Statement Of Change of Registered Office Or Registered Agent Or Both For a LLC. Thank you.

TOTAL PAGES 4, INCLUDING COVER PAGE.

HARD COPY TO FOLLOW: No

Confidentiality Note

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone. THANK YOU!

*Thank you -
Katy*

kagmlaw.com

850.863.1974

850.863.1591 fax

909 Mar Walt Drive, Ste 1022
Fort Walton Beach, FL 32547

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NORTHCROSS SHOPPING CENTER, LLC
Name of Corporation LLC

DOCUMENT NUMBER: M08000001410

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

GORDON, A. BENJAMIN III, ESQ
Name of Contact Person

KEEFE, ANCHORS, GORDON & MOYLE
Firm/Company

2113 LEWIS TURNER BLVD, SUITE 100
Address

FORT WALTON BEACH, FL 32547 US
City/State and Zip Code

BGORDON@KAGMLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GORDON, A. BENJAMIN III, ESQ at (850) 863-1974
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS ^{LLC}

² Pursuant to FL Statute 608.508 Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a ^{LLC} corporation organized under the laws of the State of AL In order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NORTHCROSS SHOPPING CENTER, LLC
- 2. The principal office address: 118 NORTH ROYAL STREET SUITE 800
COMMERCE BUILDING, MOBILE AL 36602
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 03/21/2008 Document number: M08000001410
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GORDON, A. BENJAMIN III,ESQ
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH FL 32547 US

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GORDON, A. BENJAMIN III,ESQ
2113 LEWIS TURNER BLVD, SUITE 100
P.O. Box NOT acceptable
FORT WALTON BEACH, FL 32547 US

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Linda W. Marx Signature of an officer or director Linda W. Marx - Manager Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] Signature of Registered Agent Sept 20, 2011 Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***