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02-02-15

NAME:

EAST STOREMART ENGLEWOOD, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

oom, in the situe of Fiorial.			
1. Name of the limited liability company: EAST STOR	RESMART ENGLEWOOD	), LLC	
2. (a) Principal office address of limited liability compar	y: 7777 NW BEACON SQUARE BL	.VD	
(Note: MUST BE STREET ADDRESS)	BOCA RATON, FL 33487		
(b) Mailing address of limited liability company:	7777 NW BEACON SQUARE BLVD		
(Note: MAY BE POST OFFICE BOX)	BOCA RATON, FL 33487		
March 7, 2012	M12000001302		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida De	pt. of State:	
Registered Agent:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road	<del>二年</del>	
	Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office addres	<u>ss</u> :	
NEW Registered Agent:	National Corporate Resear	ch, Lfd., Inc.	
NEW Registered Office Address:	155 Office Plaza Drive	10.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and	Florida street address of the restical. Or, in the case of a Floss) was/were authorized by an arise provided in the articles of	egistered office rida limited affirmative vote of organization or	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 605, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.	ostree to det in in Scaptiony. roper and complete performat osition as registered agent as erely reflect a change in the r ny has been notified in writing	provided for in egice of my duties, provided for in egistered office of this change.	
Signature of Registered Agent			

Signature of Registered Agent Sean Honan, Assistant Secretary

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