Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE

∛ a WASH	INGTON PRIME MANAGE		ΓES,
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Corporate Filing Menu

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DEC 18 2014

12/17/2014

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:	WASHINGTON	PRIME N	ANAGEM	ENT ASSOCIATES, LLC		
2. (a)	WISCONSIN TOWERS AT BETHESI		a	wiscon	ISIN TOWERS AT BETHES	DA CROS	SING
()	Principal office address of limited li (Note: MUST BE STREET)		_ (Mailing address of limited liabil (Note: MAX BE POST OFF		y:
	7315 WISCONSIN AVE, STE. 500-E	i		7315 WIS	CONSIN AVE, STE. 500-E		
	BETHESDA, MD 20814		_	BETHESDA, MD 20814			
	05/20/2014			M1400000	3471		
3.	Date of filing/registration in	n Florida	_ 4.		Document number		
5. (a)	CORPORATION SERVICE COMPA	NY					
	Registered Agent and Registered Office sho	te:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-		Āσ
					_	0.4	E C
	TALLAHASSEE	Fi	32301-2	525		DEC	좚
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	Enter name of NEW Registered Agent and/or NEW Registered Office address:					.: ∓	ت در ب ^{ایا} بیار
						94:	SE I
	NEW Registered Office Address:				_	6	DÆ A
	1200 South Pine Island Road	_					
	Diamention		12224				
	Plantation	, Fl	33324		_		
the chi agent was/w the art	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a ere authorized by an affirmative vote ticles of organization or the operating	a street address of Florida limited li of the members of agreement of the	f the regi ability co of the lin limited	stered offic ompany, it nited liabili	e and the business office of is hereby confirmed that the ty company or as otherwise	of the register change	stered (s)
	nture of a member or authorized representative				Printed or typed name of sign		
norgre C T Co By:	thy accept the appointment as registerions of all statutes relative to the profile actions of my position as registered rely affect a change in the registered and inferiting of this change, profile action 5 years. The office of Registered Agen (1997)	red agent and ag per and complete l agent as provide l office address, I	ree to ac perform d for in hereby c	i in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to c duties, and I am Jamiliar of 5, F.S. Or, if this documen the limited liability compa	omply with with and e it is being any has be	h the tocept filed zen
	antha Jones, Assistant Secretary		D (20)		57F 2001 4		

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