N01000006972

(R	Requestor's Name)						
(A	oddress)						
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(City/State/Zip/Phone #)							
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COVER LETTER .

TO: Amendment Section Division of Corporations							
SHOPPES AT FIDDLESTICKS OWNERS' ASSOCIATION, INC.							
Name of Corporation							
DOCUMENT NUMBER: N0100006972							
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:							
Jennifer Martin							
Name of Contact Person							
Publix Super Markets, Inc.							
Firm/Company							
3300 Publix Corporate Pkwy							
Address							
Lakeland, FL 33811							
City/State and Zip Code							
EntityFilings@publix.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Jennifer Martin Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number							
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

statement of cha	provisions of sections 607.050 inge is submitted for a corpore or to change its registered offic	ation organized (under the laws of th	e State of Florid	la	_
1. The name of a 2. The principal	the corporation: SHOPPES office address: 3300 PUB	S AT FIDDLE	STICKS OWNE RATE PKWY.	ERS' ASSO	CIATIO ID, FL	N, INC 33811
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 10/02	2/2001	Document number	N0100000)6972	
	d street address of the current rtment of State: (If resigned, e		and registered office	e on file with th	e	
	John A. Attaway, Jr.			ပ္	20	
	3300 PUBLIX C	ORPORATE	PKWY,	TAL	ال 19 ال	
		ND, FL 3381		AHA	+ +	
6. The name and (if changed):	d street address of the new reg	gistered agent (if	changed) and /or rep	gistered office	2019 JUN - 4 AM 9: 0	
	Merriann M. Metz			·	<u> </u>	
	3300 PUBLIX	CORPORAT	E PKWY,			
	LAKEL	AND, FL 338	311			
The street addreas changed will	ess of its registered office and be identical.	d the street addre	ess of the business of	office of its reg	istered ag	jent,
Such change wa authorized by th	as authorized by resolution di he board, or the corporation h	uly adopted by it has been notified	s board of directors in writing of the cl	s or by an offici nange.	er so	
William	n W Kayban, V	<u></u>	Iliam W. Rayb		sident	_ _
I hereby accept	the appointment as registere to comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has been	ed agent and agr s of all statutes r with and accept rely to reflect a n notified in writ	ee to act in this can	weit:	, egistered dress, I	,
mamian	mp		4/1/19			
Sig	nature of Registered Agent		Dar	te		
If signing on be	chalf of an entity:					
Merriann M	1. Metz Viped or Printed Name					
	Sheer or a concer control					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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