717844

Frank A. Catalano								
(Requestor's Name) 105 \$. Yerk Rd. Suite \$50								
FRANK A. Catalano (Requestor's Name) 105 S. Yerk Rd. Suite SSO (Address) Elinhwat, all. 60126								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2011

FRANK A. CATALANO 105 S. YORK ROAD SUITE 550 ELIMHURST, IL 60126 630-839-7300

SUBJECT: MODEL VILLAGE UNIT ONE, INC.

Ref. Number: 717844

We have received your document for MODEL VILLAGE UNIT ONE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 411A00013736

RECEIVE 11 JUN 20 PM 9: SECRETARY OF STA TALL'ANASSEE, FLOR

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORTORATIONS

Pursuant to the p									iis	
in order	r to change its re	gistered offic	ce or regist	ered a	gent; or be	oth, in t	he State of Flor	ida.		
1. The name of t	he corporation:_	Model	Village	Uni	t One	Inc				
2. The principal	office address:	105 8	. York	Rd.	Suite	550	Elmhurst,	Il.	60126)
					• • •		<u> </u>			<u></u> .
3. The mailing a	ddress (if differe	nt):					and the second second	f	<u> </u>	
								· • • • • • • • • • • • • • • • • • • •	. *	
4. Date of incorp	orațion/qualifica	tion: <u>Jan</u>	7, 19	<u>70 -</u> .	Documen	t numbe	r: <u>1717844</u>		i,	
5. The name and Florida Depart	street address of tment of State: (I				nd registe	red offi	ce on file with	the	I _M I	<u>~~</u>
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	Marco I	sland, l	71. 341	45		م درهٔ روی	and a second second		SE	20
									<u> </u>	PH
6. The name and (if changed):							A STANSON OF			2:3
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	44	1411111	P,O. Box [*] NC 			co Te	aland, Fl	341	45	
			•	•		•				
The street address changed will	ss of its register be identical.	ed office and	d the street	addre	ss of the	busines	s office of its i	egister	ed agent.	
Such change wa authorized by th	s authorized by	resolution d	uly adopte	d by it	s board o	f direct	ors or by an of	ficer so	j,	
I O	r TI	1	,		•		atalano T			
Signatur	e of an officer or direct	tor	ing his it will be			inted or is	ned name and tille		; ;	in Leis.
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment to comply with the d I am familiar was ng filed merely to been notified in	as registere ne provision with and acco o reflect a c writing of t	ed agent ar s of all star ept the ob- hange in th his change	nd agr lutes r ligatio le regi	ee to act i elative to n of my p istered off	n this c the pro osition ice ada	apacity per and comp as registered a ress, I hereby	lete per igent. confirm	formance Or, if this 1 that the	g \$
Frank	a, the	dow			Ma	y 25	2011 Date	 ₩(, 1) .		٠.
If signing on be	half of an entity						g	· .,	*1	
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Ty	ped or Printed Name					1.5				
		* *.* ¥	TLING F	EE: \$3	35.00 * *	* '			1	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)