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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for 🔁 annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE MHC-QRS TWO, INC.

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12/27/2012



COVER LETTER

TO:	Amendment Section Division of Corporations
CVID	MHC-QRS TWO, INC.
SUB	Name of Corporation
DOC	F98000000279 UMENT NUMBER:
The c	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
1 11/40	zenar an correspondence concerning das mana to de todowing.
	Name of Contact Person
	Firm/Company
	Address
	City/State and Zip Code
	Ony/State and 2.19 Code
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Name of Contact Person Area Code & Daytime Telephone Number
	Name of Confact Person Area Code & Dayume Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address:
	Amendment Section Amendment Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tollahageee RI 32314 2661 Recutive Center Circle

CR2E045 (03/12)

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Tallahassee, FL 32301



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

statement of cha	unge is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of <u>Del</u> istered agent, or both, in the State of Flor	aware		
	-		•		
2. The principal	the corporation; MHC-QRS TWO, INC. office address; TWO N. RIVERSIDE P	LAZA, SUITE 800, CHICAGO, IL 60606			
3. The mailing a	ddress (if different): TWO N. RIVERSI	DE PLAZA, SUITE 800, CHICAGO, IL 600	606		_
4. Date of incorp	poration/qualification: 01/15/1998	Document number: P9800000027	79		
	street address of the current registered tinent of State: (If resigned, enter resigned,	d agent and registered office on file with t med)	he		
	CORPORATION SERVICE COMPANY	Υ .	₹		
	1201 HAYS STREET		SECR	12 OI	~
	TALLAHASSEE, FL 32301		ETA, HAS	ਨ ਹਿਲ 2	154
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered office	RY OF STATE SEE, FLORIDA	DEC 27 PM 3: 1	E.
	C T Corporation System		SZ.	င္မာ	
·	c/o C T Corporation System, 1200 South	Pine Island Road	E F	4	
•	P.O. Box NO	OT acceptable			
•	Plantation, Florida 33324				
The street address as changed will l	as of its registered office and the stree	t address of the husiness office of its reg	istered a	gent,	
Such change was authorized by the	authorized by resolution duly adopte poard, or the corporation has been n	ed by its board of directors or by an offic otified in writing of the change.	er so		
Shall	- Helps	Sharlin Aldao, Vice President			
•	of an officer or director	Printed or typed name and title			
l hereby accept to I further agree to performance of n Egent. Or, if this vereby confirm th	he appointment as registered agent an comply with the provisions of all sta sy duties, and I am familiar with and document is being filed merely to ref hat the corporation has been notified	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as r lect a change in the registered office add in writing of this change.	; egistered dress, I	!	
BY: KANGO	physical System	12/20/2012			
	ture of Registered Agent	Date	·-		
f signing on beh	alf of an entity:				
Kristin Bolden, As		•			
Тур	ed or Printed Nimes	777 - 648 AA + + +			
	* * * FILING FE				
MAI	Make checks payable to Plo l to: Division of Corporations, P.	RIDA DEPARTMENT OF STATE .O. Box 6327, Tallahassee, FL 32314			

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