

**M05000003555**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

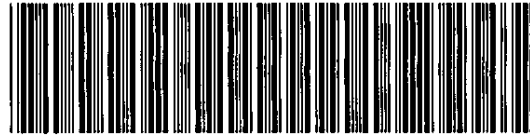
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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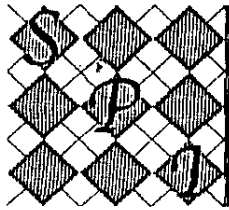


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FILED  
12 MAY - 7 PM 1:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY - 9 2012  
EXAMINER



*Service Partners  
Information Co.*

[www.servicepartnersco.com](http://www.servicepartnersco.com)

05/03/2012

Florida Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32316

Dear Sirs,

Please file the attached Statement of Change of Registered Office on a routine basis. Please mail back a stamped filed copy of the document in the included self addressed stamped envelope. We will need a copy for our records. Please feel free to call me at 217-501-4283 should you have any questions.

Thank you,

Tonya Gideon

Vice President of Operations  
520 South Second Street, Suite 2-130  
Springfield, IL 62701

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MCZ/Centrum Citrus Farms, L.L.C.  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tonya Gideon

Name of Person

Service Partners Information Co.

Firm/Company

520 S. 2nd St Suite 2-130

Address

Springfield, IL 62701

City/State and Zip Code

AHoran@CentrumProperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya Gideon

Name of Person

at ( 217 )

501-4283

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: MCZ/Centrum Citrus Farms, L.L.C.

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: MUST BE STREET ADDRESS)

225 West Hubbard, 4th Floor  
Chicago, IL 60654

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: MAY BE POST OFFICE BOX)

225 West Hubbard, 4th Floor  
Chicago, IL 60654

June 27, 2005

3. Date of filing/registration in Florida

M0500000355

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent: Corportion Service Company

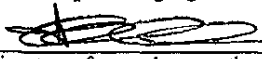
Registered Office Address: 1201 Hays Street  
Tallahassee, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Registered Agent Solutions, Inc.

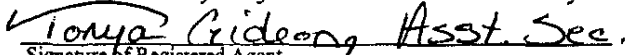
NEW Registered Office Address:  
(MUST BE FLORIDA STREET ADDRESS)  
155 Office Plaza Dr.  
Suite A  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

John McLinden  
\_\_\_\_\_  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Signature of Registered Agent

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

FILED  
12 MAY - 7 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA