M14000004403

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

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REGISTERED AGENT CHANGE
CF REGENCY, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$43.75

10/6/14 LLC
DC RA change

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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. Name of the limited liability company: CF Regency, LLC

2. (a) 3660 North Lake Shore Drive
Suite 200
Chicago, IL 60613
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 3660 North Lake Shore Drive
Suite 200
Chicago, IL 60613
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 09/01/2011 Date of filing/registration in Florida.

4. M11000004403 Document number.

5. (a) FISH, MICHAEL A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
15665 GRANDE PALISADES BLVD, #1105
WINTER GARDEN, FL 34787

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

NEW Registered Office Address:
3030 N. Rocky Point Dr. STE 150A
Tampa, FL 33607

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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 — Printed or typed name of signee: Michael A Fish

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 605, 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

INHS18 (2/14)