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Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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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.

. (a)	Two North Riverside Plaza Suite 2350	(h)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited trabitity company: (Note: MAY BE POST OFFICE BOX)
	Chicago, IL		
	60606		
	5/21/2012	M12	000002819
=	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agent and Registered Office shown on the records		
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREE	(T ADDRESS)	
	1201 HAYS STREET		
	TALLAHASSEE	32301	2010 NOV 13
	·	rt	£6 No.
(b)			SSS T
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	NOV 13 AM 10: 1
			OF STATE
	C T Corporation System		
	NEW Registered Office Address:		\$ TO
	1200 South Pine Island Road		
	Plantation	EL 33324	
			
ic cha gent v	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the street force.	of the registered Hiability compar rs of the limited l	of the and the business of the figure of the registry, it is hereby confirmed that the change(s) iability company or as otherwise provided ity company.
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obi o mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	agree to act in th eta performance ided for in Chapt , I hereby confire	is capacity. I jurther agree to comply with of my duties, and I am familiar with and ac er 605, F.S. Or, if this document is being f n that the limited liability company has hee

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