## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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

Email	Address	

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LLC REGISTERED AGENT CHANGE 1440 AMSTERDAM REALTY CO., LLC

Certificate of Status	0
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Corporate Filing Menu

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12/26/2012

## COVER LETTER

BJECT: 1440 AMSTERDAM REALTY C	·
Name o	f Limited Liability Company
ar Sîr or Madam:	
e enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
ase return all correspondence concernin	ng this matter to the following:
Name of Person	
Manue of Person	
Picro/Corapeny	<del></del>
Addresa	'
City/State and Zip Code	
E-mail address: (to be used for future annual report	notification)
further information concerning this mat	ter, please call:
<del>.</del>	
	st ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
	Division of Corporations
Division of Corporations	
Clifton Building	P.O. Box 6327
	Tallahassee, Florida 32314
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314

## 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: 1440 AMSTE	rdam realty co., llc		<b>-</b> -
2. (a) Principal office address of limited liability comp	any: TWO NORTH RIVERSIDE PLAZA		
(Note: MUST BE STREET ADDRESS)	SUITE 800		<u> </u>
	CHICAGO, IL 60606		_~=
(b) Mailing address of limited liability company:	TWO NORTH RIVERSIDE PLAZA	圣逝	_ <del>E</del>
(Note: MAY BE POST OFFICE BOX)	SUITE 800		<u> N</u>
	CHICAGO, IL 60606		_ రా
03/15/2006	M06000001536		卖
3. Date of filing/registration in Florida	4. Document number		<b>်</b> ထွ
	1	25 25	T7
<ol> <li>(a) Registered Agent and Registered Office shown of Registered Agent:</li> </ol>	on the records of the Florida Dept. of S CORPORATION SERVICE COMPAN		- č:
Registered Office Address:	1201 HAYS STREET		
<b>V</b>	TALLAHASSEE, FL 32301-2525		
			-
			_
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:		
NEW Registered Agent:	C T Corporation System		_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road		-
MATON PAR ROUNDING OF REAL RANGES	Plantation FL:	33324	-
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the registered attical. Or, in the case of a Florida lim s) was/were authorized by an affirmat vise provided in the articles of organiz	d office rited tive vote o	f
Sharlin Aldao, Manager Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby configm that the limited llability compa	agree to act in this capacity. I furthe roper and complete performance of mostion as registered agent as provide rely reflect a change in the registere	r agree to ry dulies, id for in d office	
Signature of Registered Agent Assistan	n Bolden It Secretary	chänge.	
Division of Cornerations, P.O. Boy 6	327. Tallahuggaa, WI. 32314		

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

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